CC1178356
Certificate of Status Desired:

DECARLIS, PASQUALE W. 5000 NW 27TH CT. GAINESVILLE, FL 32606 US

DOCUMENT# N01834

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: 5000 NORTHWEST PROFESSIONAL CENTER CONDOMINIUM

## **Officer/Director Detail :**

Title	PD	Title	STD
Name	DECARLIS, WILLIAM	Name	DECARLIS, PASQUALE W.
Address	5000 NW 27TH COURT	Address	5000 NW 27TH COURT
City-State-Zip:	GAINESVILLE FL 32605	City-State-Zip:	GAINESVILLE FL 32605
Title	VD		
Name	MICHAEL, SAWYER		
Address	5000 NW 27TH CT		
City-State-Zip:	G'VILLE FL 32605		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

STD

SIGNATURE: PASQUALE W. DECARLIS

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Jan 09, 2015 Secretary of State CC1178356656

: No

01/09/2015