

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01834

**Entity Name:** 5000 NORTHWEST PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5000 NW 27TH CT.  
GAINESVILLE, FL 32606

**Current Mailing Address:**

1721 NW 68TH TERRACE  
GAINESVILLE, FL 32605 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

Date

**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.*

**SIGNATURE: PAT DECARLIS**

**STD**

**01/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date