


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000009208</b> 1. Entity Name 500 EAST BUILDING ASSOCIATION, INC.	
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 500 EAST UNIVERSITY AVENUE SUITE A GAINESVILLE, FL 32601	Mailing Address 500 EAST UNIVERSITY AVENUE SUITE A GAINESVILLE, FL 32601
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------



02212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 48-1290206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SALZMAN, ANTHONY J 500 E UNIVERSITY AVENUE SUITE A GAINESVILLE, FL 32601
------------------------------------------------------------------------------------------------------------------------------------------

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOODY, C. GARY 500 EAST UNIVERSITY AVENUE SUITE A GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SALZMAN, ANTHONY J 500 EAST UNIVERSITY AVENUE SUITE A GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SALZMAN, SHELLY 500 EAST UNIVERSITY AVENUE, SUITE A GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Salzman - DIRECTOR 2/23/05 352-373-6791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #