


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000009208 1. Entity Name 500 EAST BUILDING ASSOCIATION, INC.	
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Principal Place of Business 500 EAST UNIVERSITY AVENUE SUITE A GAINESVILLE, FL 32601	Mailing Address 500 EAST UNIVERSITY AVENUE SUITE A GAINESVILLE, FL 32601
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07022007 No Chg-NP CR2E037 (4/06)

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

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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**

UD0000767152
07/06/07-80002-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Shelly Salzman Shelley Salzman 7/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #