

FILED

May 15 1997 8:00am
Secretary of State

AMOUNT DUE ON OR BEFORE 8/7/96: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004586
1. Corporation Name

I-75 AND ARCHER ROAD, N.W. QUADRANT OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2012 W. University Avenue P.O. Box 14425
Gainesville, Florida 32603 Gainesville, FL 32604-2425

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
10/11/93
4. FEI Number 59-3241007 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BRAM, LESLIE D.
2912 W. University Avenue
Gainesville, Florida 32603

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
TITLE DP DELETED
NAME ROPELL, PAUL A.
STREET ADDRESS 2012 W. University Avenue
CITY-ST-ZIP Gainesville, Florida 32603
TITLE DT DELETED
NAME REMBERT, DAVIS M.
STREET ADDRESS 2018 NE 27th Avenue
CITY-ST-ZIP Gainesville, Florida 32609
TITLE DS DELETED
NAME BROWN, BILL
STREET ADDRESS 4001 SW 43rd Street
CITY-ST-ZIP Gainesville, Florida 32608
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PS Change Addition
1.2 NAME DeLANEY, BRUCE D.
1.3 STREET ADDRESS 2012 W. University Avenue
1.4 CITY-ST-ZIP Gainesville, Florida 32603
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE D Change Addition
3.2 NAME BROWN, BILL
3.3 STREET ADDRESS 4001 SW 43rd Street
3.4 CITY-ST-ZIP Gainesville, Florida 32608
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE 900002193239 Change Addition
6.2 NAME -05/28/97--01001--037
6.3 STREET ADDRESS ***61.25
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its authorized agent or its duly empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in any other block as indicated.

SIGNATURE: BRUCE D. DELANEY
4/29/97 32603-2405

CR2E037 (3/96)