

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721590

Entity Name: GAINESWOOD CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1715 NW 23RD AVENUE
GAINESVILLE, FL 32605**Current Mailing Address:**1715 NW 23RD AVENUE
GAINESVILLE, FL 32605**FEI Number: 59-1397211****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRADY, RAYMOND F
1719 NW 23RD AVENUE, 3F
GAINESVILLE, FL 32605 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	VP
Name	COLLISTER, EUGENE
Address	1719 NW 23 AVENUE, 2F
City-State-Zip:	GAINESVILLE FL 32605

Title	DP
Name	BRADY, RAYMOND F
Address	1719 NW 23RD AVENUE, 3F
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	ADEN, ESTELLE
Address	1719 NW 23RD AVENUE, 3E
City-State-Zip:	GAINESVILLE FL 32605

Title	DT
Name	LADD, KENT A
Address	1717 NW 23RD AVENUE, 3B
City-State-Zip:	GAINESVILLE FL 32605

Title	DS
Name	NELSON, ELMER GJR
Address	1719 NW 23 AVENUE PHA
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	ANDERSON, MAUREEN
Address	1717 NW 23RD AVE. 2E
City-State-Zip:	GAINESVILLE 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: EUGENE COLLISTER**VP****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date