

2016 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 DIRECTOR
Name COLLISTER, EUGENE
Address 1719 NW 23 AVENUE, 2F
City-State-Zip: GAINESVILLE FL 32605

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

Title DIRECTOR, VC
Name CRAIG, ANA M
Address 1717 NW 23RD AVE
3A
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name HART, EARL
Address 1719 NW 23RD AVE
PHA
City-State-Zip: GAINESVILLE FL 32605

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

Title DIRECTOR
Name MCCARTHY, CAROL
Address 1719 NW 23RD AVE
1F
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name MARTINEZ, GABRIELLE
Address 1717 NW 23RD AVE
PHF
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR, TREASURER
Name REYNOLDS, LAWRENCE D
Address 1717 NW 23RD AVE
5E
City-State-Zip: GAINESVILLE FL 32605

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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: MARY LOU MORROW**SECRETARY****03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	MORROW, MARY L
Address	1717 NW 23RD AVE 5D
City-State-Zip:	GAINESVILLE FL 32605