

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 US

**FEI Number:** 59-1397211

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MALATZKY, HOWARD  
1719 NW 23RD AVENUE 3C  
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:** HOWARD MALATZKY

04/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name MALATZKY, HOWARD  
Address 1719 NW 23 AVENUE, 3C  
City-State-Zip: GAINESVILLE FL 32605

Title OTHER  
Name CARR, SUSAN  
Address 1717 NW 23RD AVE  
2F  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR PRESIDENT  
Name NASON, SANDRA B  
Address 1719 NW 23RD  
3B  
City-State-Zip: GAINESVILLE FL 32605

Title OTHER  
Name GREEN, KEN  
Address 1717 NW 23RD AVE  
3E  
City-State-Zip: GAINESVILLE FL 32605

Title OTHER  
Name MESSER, SYLVIA M  
Address 1717 NW 23RD AVE  
2C  
City-State-Zip: GAINESVILLE FL 32605

Title OTHER  
Name ROBINS, CATHERINE  
Address 1719 NW 23RD AVE  
5C  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR VP  
Name MORGAN, KATHERINE  
Address 1719 NW 23RD AVE  
1C  
City-State-Zip: GAINESVILLE FL 32605

Title OTHER  
Name PHILLIPS, JOSEPH  
Address 1719 NW 23RD AVE  
4A  
City-State-Zip: GAINESVILLE FL 32605

**Continues on page 2**

*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:** HOWARD MALATZKY

**DIRECTOR, TREASURER**

04/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	OTHER
Name	CASSIN, ANN
Address	11717 NW AVE 3F
City-State-Zip:	GAINESVILLE FL 32605