

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000086160

**Entity Name:** GAINESVILLE COHOUSING, LLC.

**Current Principal Place of Business:**

2240 NW 14TH AVE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

2240 NW 14TH AVE  
GAINESVILLE, FL 32605

**FEI Number: 46-3415204**

**Certificate of Status Desired: No**

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

BROWARD, JUDITH  
2240 NW 14TH AVE  
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

**Authorized Person(s) Detail :**

Title MGRM  
Name NELSON, BROOKS  
Address 22929 SW 38TH PL  
City-State-Zip: GAINESVILLE FL 32608

Title MGRM  
Name BROWARD, JUDITH  
Address 2240 NW 14TH AVE  
City-State-Zip: GAINESVILLE FL 32605

Title MGRM  
Name APLIN, MARY  
Address 3130 NW 10 PL  
City-State-Zip: GAINESVILLE FL 32605

Title MGRM  
Name LEONE, MAE  
Address 414 NW 36TH DR  
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER  
Name HENRY-HETTEL, JOYCE  
Address 1119 NW 36TH TERR  
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER  
Name KIMBERLY, SALLY  
Address 5002 NW 64TH LANE  
City-State-Zip: GAINESVILLE FL 32606

Title AUTHORIZED MEMBER  
Name CHRISTIANSON, ROBERT  
Address 214 NE 6TH ST  
City-State-Zip: GAINESVILLE FL 32601

Title AUTHORIZED MEMBER  
Name KEMPNER, BURT  
Address 8932 SW 67TH PL  
City-State-Zip: GAINESVILLE FL 32608

**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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JUDITH BROWARD**

**MANAGER**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED MEMBER  
Name KOLB, ROBERT HENRY  
Address 12928 SW 89TH AVE  
City-State-Zip: GAINESVILLE FL 32618

Title AUTHORIZED MEMBER  
Name DETWEILER, NANCY  
Address 3113 NW 24TH AVE  
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER  
Name FIELD, SUSAN  
Address 25679 SW 20 PL  
City-State-Zip: NEWBERRY FL 32669

Title AUTHORIZED MEMBER  
Name CASTRO, MIRANDA  
Address 2349 NW 32ND PL  
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER  
Name SALZBURG, LYNN  
Address 12221 NW 148TH AVE  
City-State-Zip: ALACHUA FL 32615

Title AUTHORIZED MEMBER  
Name GOVE, MARY  
Address 3063 EDGEHILL ROAD  
City-State-Zip: CLEVELAND OH 44118

Title AUTHORIZED MEMBER  
Name ALI, SHAUKATH  
Address 2725 SW 91ST ST 110-81  
City-State-Zip: GAINESVILLE FL 32608

Title AUTHORIZED MEMBER  
Name KAPLAN, ANDY  
Address 1219 NW 35TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title AUTHORIZED MEMBER  
Name CRAIG, DIANE  
Address 4229 NW 43RD ST J-79  
City-State-Zip: GAINESVILLE FL 32606

Title AUTHORIZED MEMBER  
Name HORSEMAN, MICHAEL  
Address 5111 NW 58TH ST  
City-State-Zip: GAINESVILLE FL 32653

Title AUTHORIZED MEMBER  
Name LOGAN, MARY  
Address 2801 NW 23RD BLVD., B15  
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER  
Name SUNDARAM, ANITA  
Address 4520 NW 17TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER  
Name HAMM, RAZIA ALI  
Address 2725 SW 91ST ST 110-81  
City-State-Zip: GAINESVILLE FL 32608