2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 721590

Entity Name: GAINESWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1715 NW 23RD AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

1715 NW 23RD AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-1397211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILALLONGA, MARIA E
1717 NW 23RD AVENUE, PHD
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LADD, KENT
Address: 1717 NW 23 AVENUE, 3B
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: NEUBAUER, IRENE
Address: 1719 NW 23RD AVENUE, 4A
City-St-Zip: GAINESVILLE, FL 32605

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

Title: T ( ) Delete
Name: VILALLONGA, MARIA
Address: 1717 NW 23RD AVENUE, PHD
City-St-Zip: GAINESVILLE, FL 32605

Title: DS ( ) Delete
Name: HART, EARL
Address: 1719 NW 23 AVENUE PHA
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: FYE, RICHARD
Address: 1717 NW 23RD AVE. PHD
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PIERSON, KENDALL
Address: 1717 NW 23RD AVENUE, PHC
City-St-Zip: GAINESVILLE, FL 32605

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA VILALLONGA T 03/31/2009

Electronic Signature of Signing Officer or Director — Date