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NONPROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1998 8:00am
Secretary of State

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1. Corporatio	MENT #	76317	3	(2)							
519 C	ONDOMINIUM	ASSOCIATIO	N. INC.								
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Principal Plac	e of Business		Malling	Address			_		i irii aibii ah	H BIAN PIF	I SHELL STOK (DA)
•			_						 		
SIDE N.W. 60TH ST. 519-E N.W. 60TH ST. GAINESVILLE FL 32607 GAINESVILLE FL 32607								3. Date Incorporated or Qualified			
								05/07/1982 4. FEI Number			4
								59-3361627			Applied For Not Applicable
2. Principal F	lace of Business		2e. Mai	ling Address					<u> </u>		5 Additional
ท			26					Certificate of Status Desired			Required
Suite, Apt.	#, etc.			e, Apt. #, etc.				6. Election Campaign Financing	_		May Be
City & Stat			27 Cau	& State				Trust Fund Contribution			to Fees
is]	ь		28	a Siate				7. Is this nonprofit corporation a h		s associa ☐ No	tion?
Zip	Co	ountry	Zip		Cou	intry		8. This corporation owes or has p			Intangible
4	25		29		30			Personal Property Tax due Jun	e 30. 🛮 🛮	Yes	□ No
	9, Name and A	ddress of Currer	nt Registered	Agent		a a		10, Name and Address of New R	egistered .	Agent	
						81 Na	me				
	N, DENISE L	O F AR IDOLLY	D.A			62 Str	et Addr	ess (P.O. Box Number is Not Accepta	ble)		
	er,feibe r,yense 1. 18t st.	R & MURPHI,	P.A.		}	83					
	WILLE FL 32601										. <u></u> _
						84 Cit	•		FL	85 Z	p Code
11. Pursuant	to the provisions of	Sections 617.050	2 and 617 15	08, Florida Stat	utes, the at	bove-nar	ed corp	poration submits this statement for the	purpose of	changing	its registered
11. Pursuant office or a agent. I s	to the provisions of registered agent, or im familiar with, and	Sections 617.050 both, in the State accept the oblig	2 and 617.15 of Florida. Si ations of, Sec	508, Florida Statuch change was stion 617.0503, F	utes, the at authorized Torida State	bove-nar d by the utes.	ned corp corporati	poration submits this statement for the ion's board of directors. I hereby acceptance	purpose of opt the app	changing ointment	lts registered as registered
								oration submits this statement for the ion's board of directors. I hereby acce		changing ointment	g its registered as registered
SIGNATURE	to the provisions of registered agent, or am familiar with, and Signature, typed or printer	d name of registered age	ent and title if appli	cable (N	TE: Registered			ed when reinstating)	DATE		
SIGNATURE	Signature, typed or printer		ent and title if appli	cable (NK	TE: Registered	d Agent sign			DATE	DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printer	OFFICERS AN	ent and title if appli	cable (N	TE: Registered	d Agent sign		ed when reinstating)	DATE		ORS IN 12
SIGNATURE .	Signature, typed or printer	OFFICERS AN	ent and title if appli	cable (NK	13. 1.1 TiT	d Agent sign	aturé require	ed when reinstating)	DATE	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	PD CAMPEN, BEN 519-E N.W. 60 GAINESVILLE	OFFICERS AN USAMIN OTH ST.	ent and title if appli	cable (NK	13. 1.1 TH 1.2 NA 1.3 ST	d Agent sign TLE NME	aturé require	ed when reinstating)	DATE	DIRECT	ORS IN 12
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I hereby certify that the information supplied with this filling design of quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental input report is true and accurate and that my the same legal effect as if made under oath; that I am an officer or director of the corporation or the property or trustee empowered to the corporation of the corporation or the property of trustee empowered to the corporation of the corporation or the property of trustee empowered to the corporation of the corporation or the property of trustee empowered to the corporation of the corporation or the property of the corporation of the corporation

SIGNATURE: