


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90085 038 \*\*\*\*61.25

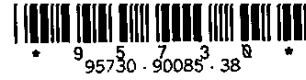
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763173**

1. Corporation Name  
**519 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 519-E N.W. 60TH ST. GAINESVILLE FL 32607	Mailing Address 519-E N.W. 60TH ST. GAINESVILLE FL 32607
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21 2. Principal Place of Business <b>519 NW 60th St.</b>	26 2a. Mailing Address <b>519 NW 60th St.</b>	3. Date Incorporated or Qualified <b>05/07/1982</b>
22 Suite, Apt. #, etc. <b>Suite A</b>	27 Suite, Apt. #, etc. <b>Suite A</b>	4. FEI Number <b>59-3361627</b>
23 City & State <b>GAINESVILLE FL</b>	28 City & State <b>GAINESVILLE FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>32607</b>	25 Country <b>ALABAMA</b>	29 Zip <b>32607</b>
	30 Country <b>ALABAMA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>HUTSON, DENISE L %SALTER, FEIBER, YENSER &amp; MURPHY, P.A. 703 N.E. 1ST ST. GAINESVILLE FL 32601</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAMPEN, BENJAMIN</b>		1.2 NAME	
STREET ADDRESS <b>519-E N.W. 60TH ST.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL 32607</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PERRY, EVELYN M</b>		2.2 NAME	<b>CORRECTION</b>
STREET ADDRESS <b>519 A HWY 60TH ST</b>		2.3 STREET ADDRESS	<b>519-A N.W. 60th ST.</b>
CITY-ST-ZIP <b>GAINESVILLE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAMB, JOHN J</b>		3.2 NAME	
STREET ADDRESS <b>519-E N.W. 60TH ST.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL 32607</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify 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 annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **Evelyn M. Perry** 1/8/99 (352) 331-2223

CR2E037 (11/98)