2001 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
May 25, 2001 8:00 am
Secretary of State
05-04-2001 90121 003 ****61.25

DOCUMENT # 763173 763173

1. Entity Name

519 CONDOMINIUM ASSOCIATION, INC. ✓

Principal Place of Business	Mailing Address
519 NW 60th Street Suite A GAINESVILLE, FL 32607	9419 SW 67th Drive GAINESVILLE, FL 32608

2. Principal Place of Business	3. Mailing Address
	9419 SW 67th Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: GAINESVILLE FL
Zip / Country	Zip: 32608 Country: USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3361627 ✓ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUTSON, DENISE L.
703 NE 1ST STREET
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name: EVELYN M. PERRY
Street Address (P.O. Box Number is Not Acceptable): 9419 SW 67TH DRIVE
City: GAINESVILLE **FL** Zip Code: 32608

8. 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: Evelyn M. Perry 4/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D JOHANSEN, RICHARD, D 519 NW 60TH ST Suite C GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S/D PERRY, EVELYN M. D 519 NW 60TH ST. Suite A GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAMB, JOHN T 519 NW 60TH ST. GAINESVILLE, FL 32607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ DON PERRY D 519 NW 60TH ST. Ste A GAINESVILLE, FL 32608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (11/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn M. Perry 4/20/2001 (352) 371-2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #