NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90069 044 ****61.25

DOCUMENT # 763173 ✓

1. Entity Name
519 Condominium Association, Inc.

659605

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2. Principal Place of Business	3. Mailing Address
519 NW 60 St.	519 NW 60 St.
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State Gainesville Fl	City & State Gainesville Fl
Zip 32607 Country Alachua	Zip 32607 Country Alachua

DO NOT WRITE IN THIS SPACE

4. FEI Number 59, 336-1627 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: John F. Gerdon
Street Address (P.O. Box Number is Not Acceptable): 519 NW 60 St
Suite A
City: Gainesville FL Zip Code: 32607

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: John F. Gerdon Treasurer John F. Gerdon 4-30-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	P/D	TITLE	
NAME	Johansen, Richard D	NAME	
STREET ADDRESS	519 NW 60 St., Suite C	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, Fl 32607	CITY-ST-ZIP	
TITLE	T/D	TITLE	
NAME	John Gerdon D	NAME	
STREET ADDRESS	519 NW 60 St, Suite A	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, Fl 32607	CITY-ST-ZIP	
TITLE	S/D	TITLE	
NAME	Dixie Gerdon D	NAME	
STREET ADDRESS	519 NW 60 St, Suite A	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, Fl 32607	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John F. Gerdon Treasurer John F. Gerdon 4/30/02