

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 763173
 1. Entity Name
 519 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 519 N.W. 60 STREET SUITE A GAINESVILLE, FL 32607	Mailing Address 519 N.W. 60 STREET SUITE A GAINESVILLE, FL 32607
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04262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3361627	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 GERDON, JOHN F
 519 N.W. 60 STREET
 SUITE A
 GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANSON, RICHARD 519 N.W. 60 STREET SUITE C GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D GERDON, JOHN F 519 N.W. 60 STREET SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERDON, DIXIE 519 N.W. 60 STREET SUITE A GAINESVILLE, FL 32607
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 04/27/05-80127-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John F. Gerdon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 (352) 333-8355
Date Daytime Phone #