## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#763173** 

Entity Name: 519 CONDOMINIUM ASSOCIATION, INC.

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

519 N.W. 60 STREET 519 N.W. 60TH STREET SUITE A SUITE A

GAINESVILLE, FL 32607 GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

519 N.W. 60 STREET 519 N.W. 60TH STREET SUITE A SUITE A

GAINESVILLE, FL 32607 GAINESVILLE, FL 32607

FEI Number: 59-3361627 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERDON, JOHN F
519 N.W. 60 STREET
519 N.W. 60TH STREET
SLITE A
519 N.W. 60TH STREET

SUITE A SUITE A GAINESVILLE, FL 32607 US GAINESVILLE, FL 32607 US

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: BETTY ADDISON 04/17/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: JOHANSON, RICHARD Name: JOHANSON, RICHARD

Address: 519 N.W. 60 STREET SUITE C
City-St-Zip: GAINESVILLE, FL 32607

Address: 507ANSON, NCHARD

Address: 519 N.W. 60TH STREET SUITE C
City-St-Zip: GAINESVILLE, FL 32607

Title: T D ( ) Delete Title: STD (X) Change ( ) Addition Name: GERDON, JOHN F Name: ADDISON, BETTY

Address: 519 N.W. 60 STREET SUITE A Address: 519 N.W. 60TH STREET SUITE A

City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: SD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LAW, RON
 Name:

 Address:
 519 N.W. 60 STREET SUITE A
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY ADDISON STD 04/17/2008