

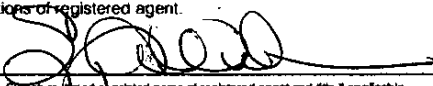
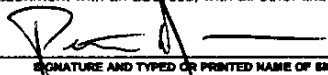


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90022 010 ****61.25

DOCUMENT # N02000005270					
1. Entity Name O'BRIAN HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5522-B NW 43RD STREET GAINESVILLE, FL 32653			Mailing Address 5522-B NW 43RD STREET GAINESVILLE, FL 32653		
2. Principal Place of Business 4131 NW 13th Street		3. Mailing Address 4131 NW 13th Street		50004367 	
Suite, Apt. #, etc. Suite # 207		Suite, Apt. #, etc. Suite # 207		02152006 Chg-NP CR2E037 (11/05)	
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 04-3703350	
Zip 32609		Country USA		Applied For Not Applicable	
Zip 32609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TENAGLIA, RICHARD A C/O BOSSHARDT PROPERTY MGT. 5522-B NW 43RD STREET GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name Sally Ann Wilson Street Address (P.O. Box Number is Not Acceptable) 4131 NW 13th Street Suite # 207 City Gainesville, FL Zip Code 32609		
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: 2-15-06		
Filing Fee is: \$81.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME PUGH, MERRILL		TITLE President	NAME Peter Nadeau	
STREET ADDRESS 618 NW NW 60TH ST STE A	CITY-ST-ZIP GAINESVILLE, FL 32607		STREET ADDRESS 501 NW 15th Ave. # 5	CITY-ST-ZIP Gainesville, FL 32609	
TITLE D	NAME PUGH, AMANDA		TITLE Secretary	NAME David Bialos	
STREET ADDRESS 3901 SW 20TH AVE	CITY-ST-ZIP GAINESVILLE, FL 32607		STREET ADDRESS 501 NW 15th Ave. # 13	CITY-ST-ZIP Gainesville, FL 32609	
TITLE 	NAME 		TITLE Treasurer	NAME Richard W. Hysell	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 2843 47th Street	CITY-ST-ZIP Sarasota, FL 34234	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			DATE: 2/15/2006 Daytime Phone #: 352-275-8518		