
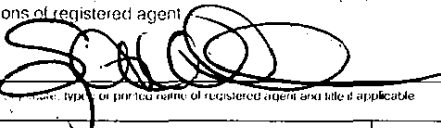
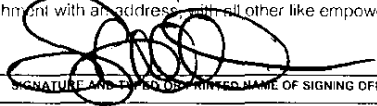


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90165 018 ****61.25

DOCUMENT # N02000005270			
1. Entity Name O'BRIAN HOUSE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4131 NW 13TH STREET SUITE 207 GAINESVILLE, FL 32609		Mailing Address 4131 NW 13TH STREET SUITE 207 GAINESVILLE, FL 32609	
2. Principal Place of Business No P.O. Box # c/o Sun Lu Properties, Inc 901 NW 8th Avenue, A-6		3. Mailing Address 901 NW 8th Avenue Suite, Apt. #, etc Suite A-6	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32601	Country Alachua	Zip 32601	Country Alachua
6. Name and Address of Current Registered Agent WILSON, SALLY ANN 4131 NW 13TH STREET SUITE 207 GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 901 NW 8th Avenue, Suite A-6 City Gainesville FL Zip Code 32601	
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 4-16-07 (NOTE: Registered Agent signature required when resigning)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NADEAU, PETER 501 NW 15TH AVE., #5 GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BIALOS, DAVID 501 NW 15TH AVE., #13 GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HYSELL, RICHARD W 2843 47TH STREET SARASOTA, FL 34234 <input checked="" type="checkbox"/> Delete	TITLE D/T/VP NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 4-16-07	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

40066953



04162007 Chg-NP CR2E037 (12/06)

4. FEI Number
04-3703350 Applied For
Not Applicable

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