

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005270

FILED
Feb 23, 2009
Secretary of State

Entity Name: O'BRIAN HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SUN LU PROPERTIES INC
901 NW 8TH A-6
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

C/O SUN LU PROPERTIES INC
901 NW 8TH A-6
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 04-3703350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, SALLY ANN
901 NW 8TH AVE SUITE A-6
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NADEAU, PETER
Address: 501 NW 15TH AVE., #5
City-St-Zip: GAINESVILLE, FL 32609

Title: S () Delete
Name: BIALOS, DAVID
Address: 501 NW 15TH AVE., #13
City-St-Zip: GAINESVILLE, FL 32609

Title: DTVP () Delete
Name: CASACCI, MARK
Address: 537 SW SUWANNE DOWNS DR
City-St-Zip: LAKE CITY, FL 32024

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: NADEAU, PETER
Address: 501 NW 15TH AVE., #5
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D (X) Change () Addition
Name: MOREIRO, CESAR
Address: 501 NW 15TH AVE., #13
City-St-Zip: GAINESVILLE, FL 32609 US

Title: TVPS (X) Change () Addition
Name: CASACCI, MARK
Address: 537 SW SUWANNE DOWNS DR
City-St-Zip: LAKE CITY, FL 32024 US

Title: D () Change (X) Addition
Name: STEVENS, LISA
Address: 501 NW 15TH AVENUE #8
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D () Change (X) Addition
Name: NORDARSE, MIRPHA
Address: 501 NW 15TH AVENUE, # 7
City-St-Zip: GAINESVILLE, FL 32609 US

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: PETER NADEAU

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date