

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005270

FILED  
Feb 19, 2010  
Secretary of State

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

**Current Principal Place of Business:**

501 NW 15TH AVENUE  
UNIT 1  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

501 NW 15TH AVENUE  
UNIT 1  
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:**

CASSACCI, MARK  
501 NW 15TH AVENUE  
UNIT 1  
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/D  
Name: NADEAU, PETER  
Address: 501 NW 15TH AVE., #5  
City-St-Zip: GAINESVILLE, FL 32609 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARK CASACCI

TVPS

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date