## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005270

Jan 27, 2012 Secretary of State

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

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

501 NW 15TH AVENUE 501 NW 15TH AVENUE UNIT 7

UNIT 5

GAINESVILLE, FL 32601 GAINESVILLE, FL 32601

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 5784

GAINESVILLE, FL 32627

FEI Number: 04-3703350 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:

NODARSE, MIRTHA JONES, KATHERYN G 501 NW 15TH AVENUE 501 NW 15TH AVENUE

UNIT 7 UNIT 10 GAINESVILLE, FL 32601 US

GAINESVILLE, FL 32601 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: KATHERYN G. JONES 01/27/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

NADEAU, PETER E Name: Address: 501 NW 15TH AVE., #5 City-St-Zip: GAINESVILLE, FL 32601 US

Title: S/D

Name: STEVENS, LISA A Address: 501 NW 15THAVE., #8 City-St-Zip: GAINESVILLE, FL 32601 US

Title:

CASACCI, MARK Name:

537 SW SUWANNE DOWNS DR Address: City-St-Zip: LAKE CITY, FL 32024 US

Title: P/D

Name: JONES, KATHERYN G 501 NW 15TH AVENUE, # 10 Address: City-St-Zip: GAINESVILLE, FL 32601 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: KATHERYN G. JONES Ρ 01/27/2012