2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N04000006663

Entity Name: GAINESVILLE OAKS CONDOMINIUM ASSN., INC.

Current Principal Place of Business:

1029 SW 1 AVENUE
2
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1901 FOGARTY AVENUE
1
KEY WEST, FL 33040

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COVAN, DIANE T ESQ.
1901 FOGARTY AVENUE
1
KEY WEST, FL 33040 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:	DP	( ) Delete
Name:	COVAN, DIANE T ESQ.	
Address:	1901 FOGARTY AVENUE #1	
City-St-Zip:	KEY WEST, FL 33040	
Title:	DVP	( ) Delete
Name:	HERRING, JONATHAN D	
Address:	4730 NW 13 AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	DS	( ) Delete
Name:	WHEELER, KATHY	
Address:	1029 SW 1ST AVENUE #2	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	DT	( ) Delete
Name:	LOWRY, K. C	
Address:	7516 CORDOBA CIRCLE	
City-St-Zip:	GAINESVILLE, FL 34109	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DIANE TOLBERT COVAN P 03/21/2009

Electronic Signature of Signing Officer or Director — Date