
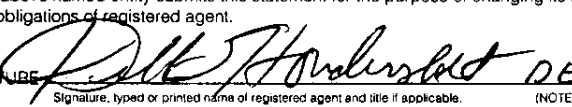
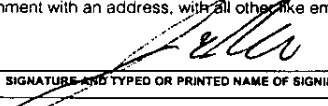


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90195 023 ****61.25

DOCUMENT # N05000009981 1. Entity Name NANTUCKET WALK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13400 PROGRESS BLVD ALACHUA, FL 32615		Mailing Address 13400 PROGRESS BLVD ALACHUA, FL 32615	
2. Principal Place of Business - No P.O. Box # 5522 NW 43 ST Suite, Apt. #, etc. B		3. Mailing Address 5522 NW 43 ST Suite, Apt. #, etc. B	
City & State GAINESVILLE, FL Zip 32653 Country US		City & State GAINESVILLE, FL Zip 32653 Country US	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACLEOD, DEBORAH E 13400 PROGRESS BLVD ALACHUA, FL 32615		7. Name and Address of New Registered Agent Name DEBBIE HOUDERSHELT Street Address (P.O. Box Number is Not Acceptable) 16 BOSSHARDT PROPERTY MANAGEMENT INC 5522-B NW 43 ST. City GAINESVILLE FL Zip Code 32653	
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  DEBBIE HOUDERSHELT <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGMR MACLEOD, DEBBIE E <input type="checkbox"/> Delete 13400 PROGRESS BLVD ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEBBIE E. MACLEOD 13400 PROGRESS BLVD. ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MARTI, JOHN <input type="checkbox"/> Delete 13400 PROGRESS BLVD ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN MARTI 13400 PROGRESS BLVD. ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD DAVID GARCIA 500 182 AVE. EAST REDINGTON SHORES, FL 33709
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:  JOHN MARTI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/20/07 Daytime Phone # 352 215 2653	