

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

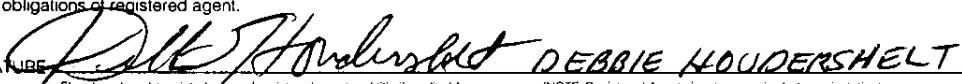
DOCUMENT # N05000009981		
1. Entity Name NANTUCKET WALK CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 13400 PROGRESS BLVD ALACHUA, FL 32615	Mailing Address 13400 PROGRESS BLVD ALACHUA, FL 32615
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2. Principal Place of Business - No P.O. Box # 5522 NW 43 ST	3. Mailing Address 5522 NW 43 ST.
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State GAINESVILLE, FL	City & State GAINESVILLE, FL
Zip 32653	Country US
Zip 32653	Country US

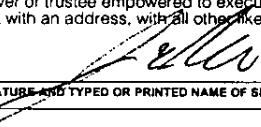
6. Name and Address of Current Registered Agent MACLEOD, DEBORAH E 13400 PROGRESS BLVD ALACHUA, FL 32615	7. Name and Address of New Registered Agent Name DEBBIE HOUDERSHELT Street Address (P.O. Box Number is Not Acceptable) 96 BOSSHARD PROPERTY MANAGEMENT INC City 5522-B NW 43 ST.	
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8. 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** DATE: **4/27/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MACLEOD, DEBBIE E 13400 PROGRESS BLVD ALACHUA, FL 32615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEBBIE E. MACLEOD 13400 PROGRESS BLVD. ALACHUA, FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MARTI, JOHN 13400 PROGRESS BLVD ALACHUA, FL 32615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN MARTI 13400 PROGRESS BLVD. ALACHUA, FL 32615	<input checked="" 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	VPD DAYIO GARCIA 500 182 AVE. EAST REDINGTON SHORES, FL 33709	<input type="checkbox"/> Change <input checked="" 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
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: 
Signature and Typed or Printed Name of Signing Officer or Director
JOHN MARTI Date **4/20/07** Daytime Phone # **352 215 2653**