

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009981

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** NANTUCKET WALK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5522 NW 43 ST.  
B  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

5522 NW 43 ST.  
SUITE B  
GAINESVILLE, FL 32653

**Current Mailing Address:**

5522 NW 43 ST.  
B  
GAINESVILLE, FL 32653

**New Mailing Address:**

5522 NW 43 ST.  
SUITE B  
GAINESVILLE, FL 32653

**FEI Number:** 20-3184735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOUDERSHELT, DEBBIE  
C/O BOSSHARDT PROPERTY MANAGEMENT INC  
5522-B NW 43 ST.  
GAINESVILLE, FL 32653 US

**Name and Address of New Registered Agent:**

HOUDERSHELT, DEBBIE  
C/O BOSSHARDT PROPERTY MANAGEMENT INC  
5522-B NW 43 ST.  
GAINESVILLE, FL 32653 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:

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MGMR ( ) Delete  
Name: MACLEOD, DEBBIE E  
Address: 13400 PROGRESS BLVD  
City-St-Zip: ALACHUA, FL 32615

Title: PD ( ) Delete  
Name: MARTI, JOHN  
Address: 13400 PROGRESS BLVD  
City-St-Zip: ALACHUA, FL 32615

Title: VPD ( ) Delete  
Name: GARCIA, DAVID  
Address: 500 182 AVE EAST  
City-St-Zip: REDINGTON SHORES, FL 33709

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: MACLEOD, DEBBIE E  
Address: 13400 PROGRESS BLVD  
City-St-Zip: ALACHUA, FL 32615

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: JOHN MARTI

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date