

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90071 034 \*\*\*\*61.25

**DOCUMENT # N05000010299**

1. Entity Name  
**SAINT CHARLES CONDOMINIUM ASSOCIATION OF  
GAINESVILLE, INC.**



Principal Place of Business  
**5522 NW 43 STREET  
SUITE B  
GAINESVILLE, FL 32653**

Mailing Address  
**5522 NW 43 STREET  
SUITE B  
GAINESVILLE, FL 32653**

40111100

AM 9:54



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**14-1940586**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINDSEY, GLENDA  
C/O BOSSHARDT PROPERTY MGT INC  
5522 NW 43 STREET SUITE B  
GAINESVILLE, FL 32653**

Name **DEBBIE HOUDERSHELT**  
Street Address (P.O. Box Number is Not Acceptable)  
**40 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 Houdershel* **DEBBIE HOUDERSHELT** **4-24-07**  
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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 PD  
NAME NOFAL, CHARLES ☐ Delete  
STREET ADDRESS 10190 SCOTT MILL ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME DOLLINGER, JEFF ☐ Delete  
STREET ADDRESS 18203 SW 42 LANE  
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME MALONEY, MICHAEL ☐ Delete  
STREET ADDRESS 16626 SETON  
CITY-ST-ZIP ORLAND PARK, IL 60467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**4/24/07**