

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05704

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** C.W. CONDOMINIUM ASSN., INC.

**Current Principal Place of Business:**

502 NW 16TH AVENUE  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

502 NW 16TH AVENUE  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

**FEI Number:** 59-2495309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KABLER, PHILIP N ESQ.  
502 NW 16TH AVENUE  
GAINESVILLE, FL 32601 US

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

WARREN, MICHAEL E  
502 NW 16TH AVENUE  
GAINESVILLE, FL 32601 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: MICHAEL E. WARREN

04/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WARREN, MICHAEL E  
Address: 502 NW 16TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: VPD  
Name: WARREN, PHYLLIS P  
Address: 502 NW 16TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: SD  
Name: SIMIC, BO  
Address: 2735 SW 35TH PLACE #1606  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D  
Name: BAXLEY, BRANDY  
Address: 2735 SW 35TH PLACE #101  
City-St-Zip: ALACHUA, FL 32608 US

Title: D  
Name: FOUST, KEVIN  
Address: 6027 GRAND STRAND AVENUE  
City-St-Zip: WESTERVILLE, OH 43081 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL E. WARREN

PD

04/13/2010

Electronic Signature of Signing Officer or Director

Date