

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N09470**

1. Entity Name

**611 N.W. 60 ST. CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

% JOSEPH M. WALDRON, D.D.S.  
611 NW 60 ST., STE. A  
GAINESVILLE FL 32607

Mailing Address

% JOSEPH M. WALDRON, D.D.S.  
611 NW 60 ST., STE. A  
GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2655930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALDRON, JOSEPH M.  
611 NW 60 ST., STE. A  
SUITE A  
GAINESVILLE FL 32607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PD WALDRON, JOSEPH M.**  
STREET ADDRESS **611 NW 60 ST., STE. A**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete  
NAME **VTD ALBERT, BETTE**  
STREET ADDRESS **613 NW 101ST ST.**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete  
NAME **VD LAPOINTE, WENDY**  
STREET ADDRESS **611 NW 60 ST #D**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete  
NAME **S WALDRON, BETTY**  
STREET ADDRESS **611 NW 60TH STREET, A**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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:

*Betty Waldron* **Betty Waldron**

**9-4-01**

**352-331-5622**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90001 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037(5/01)