


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N09470 1. Entity Name 611 N.W. 60 ST. CONDOMINIUM ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



4. FE# Number 59-2655930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALDRON, JOSEPH M. 611 NW 60 ST., STE. A GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD ALBERT, BETTE 613 NW 101ST ST. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LAPOINTE, WENDY 611 NW 60 ST #D GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALDRON, BETTY 611 NW 60TH STREET, A GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000157230
05/06/04-80018-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph M. Waldron 4-28-04 352-331-5622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #