

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 08:00 AM
Secretary of State

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



08152006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2655930

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25

Due by September 8, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Joseph M. Waldron D.D.S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-06
Date

392-334-5622
Daytime Phone #