

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003307

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** THE ANDERSON GIBBS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-3223458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORDY, JOSEPH  
400 HEALTH PARK BLVD  
SAINT AUGUSTINE, FL 32086 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CONZEMIUS, JAMES D  
Address: 400 HEALTH PARK BLVD.  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: GORDY, JOSEPH  
Address: 400 HEALTH PARK BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: KIRKER, LYNDIA  
Address: 400 HEALTH PARK BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: MCNEIL, ROLLIE  
Address: 400 HEALTH PARK BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CARTER, ROGER  
Address: 400 HEALTH PARK BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH GORDY

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date