

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763173

**Entity Name:** 519 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

519 N.W. 60TH STREET  
SUITE A  
GAINESVILLE, FL 32607

**Current Mailing Address:**

519 N.W. 60TH STREET  
SUITE A  
GAINESVILLE, FL 32607

**FEI Number:** 59-3361627

**Certificate of Status Desired:** No

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

ADDISON, BETTY  
519 N.W. 60TH STREET  
SUITE A  
GAINESVILLE, FL 32607 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name JOHANSON, RICHARD  
Address 519 N.W. 60TH STREET SUITE C  
City-State-Zip: GAINESVILLE FL 32607

Title STD  
Name ADDISON, BETTY  
Address 519 N.W. 60TH STREET SUITE A  
City-State-Zip: GAINESVILLE FL 32607

Title D  
Name SARKIS, DANIEL  
Address 519 N.W. 60TH STREET, SUITE B  
City-State-Zip: GAINESVILLE FL 32607

*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:** BETTY ADDISON

**DIRECTOR**

**04/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date