

**2021 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           TREASURER, DIRECTOR  
Name           ADDISON, BETTY  
Address        519 N.W. 60TH STREET SUITE A  
City-State-Zip: GAINESVILLE FL 32607

Title           DIRECTOR, PRESIDENT  
Name           RAJDERKAR, ABHIJIT  
Address        519 NW 60TH ST STE. C  
City-State-Zip: GAINESVILLE FL 32607

Title           VP, DIRECTOR  
Name           TODD, AINSWORTH  
Address        519 NW 60TH ST.  
                  STE. D  
City-State-Zip: GAINESVILLE FL 32607

Title           SECRETARY, DIRECTOR  
Name           MILLER, BARBARA  
Address        519 NW 60TH ST.  
                  STE. E  
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 J ADDISON

T,D

01/11/2021

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

\_\_\_\_\_  
Date