FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721590 (8)

1. Corporation Name
GAINESWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1717 NW 23RD AVE. GAINESVILLE FL 32605	1717 NW 23RD AVE. GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1971
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1397211 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

VIRGINIA S. FOOTE
1717 NW 23RD AVENUE, PHB
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	FOOTE, VIRGINIA S.	1.2 NAME	~~Virginia~~ Foote, Virginia S.	
STREET ADDRESS	1717 NW 23RD AVE. PHB	1.3 STREET ADDRESS	1717 NW 23rd Ave PHB	
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	Gainesville, Fl. 32605	
TITLE	SD	2.1 TITLE	~~Joe N. Bo~~ ~~Busby, Joe N.~~	☐ Change ☒ Addition
NAME	GRIBBIN, JOHN	2.2 NAME	PD Busby, Joe N.	
STREET ADDRESS	1717 NW 23RD AVE. 5F	2.3 STREET ADDRESS	1717 NW 23rd Ave 6B	
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP	Gainesville, Fl. 32605	
TITLE	D	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BURCH, MELISSA	3.2 NAME	McDermott, Joyce	
STREET ADDRESS	1717 NW 23RD AVE, #4B	3.3 STREET ADDRESS	1719 NW 23rd Ave 4E	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, Fl. 32605	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MC DERMOTT, JOYCE	4.2 NAME	Belano, Virginia	
STREET ADDRESS	1719 NW 23RD AVE., 4E	4.3 STREET ADDRESS	1719 NW 23rd Ave 5C	
CITY-ST-ZIP	GAINESVILLE, FL 00000	4.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	TD	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BANKS, LILA	5.2 NAME	Nelson, Edward	
STREET ADDRESS	1719 NW 23RD AVE, 2A	5.3 STREET ADDRESS	1719 NW 23rd Ave 2F	
CITY-ST-ZIP	GAINESVILLE, FL 00000	5.4 CITY-ST-ZIP	Gainesville, FL	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	NEUBAUER, IRENE	6.2 NAME	Stone, Williard	
STREET ADDRESS	1719 NW 23RD AVE., 4A	6.3 STREET ADDRESS	1719 NW 23rd Ave PHA	
CITY-ST-ZIP	GAINESVILLE, FL 00000	6.4 CITY-ST-ZIP	Gainesville, Fl. 32605	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Williard E Stone (904) 372-3558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000933