FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Bandra B. Mortham**

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 721590

(8)

GAINESWOOD CONDOMINIUM ASSOCIATION, INC.

11	LEL)
Apr 28 19	998	8:00am
Secreta	ry o	of State

GAITE						
Principal Place	e of Business	Mailing Address			air 6:6:1 4:5:1 4:01: 4:01: 5:01: 5:01: (00:	
1717 NW 23RD GAINESVILLE F		1717 NW 23RD AVE. GAINESVILLE FL 32805		3. Date Incorporated or Qualified 08/26/1971		
				4. FEI Number	Applied For	
				59-1397211	Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
21		26		G. Solimono S. Sidio Double	Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State	9	City & State		7. Is this nonprofit corporation a homeo		
23		28		Ye	s 🗌 No	
Zip	Country	Zip	Country	8. This corporation owes or has paid th		
24	25		30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No	
<u> </u>	9. Name and Address of Curren	it riagistered Agent	81 Name		ared Whenir	
MOONE	L C FOOTE			Victor Harrell		
	N S. FOOTE		82 Street	et Address (P.O. Box Number is Not Acceptable)		
	1717 NW 23RD AVENUE, PHB 17 GAINESVILLE FL 32605 83			7 NW 23rd Ave 3C		
			84 City	111	FI 85 Zip Code 22 40 5	
44.5			<u> </u>		I Mai リコスロソノリ	
11. Pursuant office or r	to the provisione of Sections 617.050 egistered about or both in the State	2 and 617.1508, Florida Statute Di Florida. Such change was a	s, the above-named uthorized by the corp	corporation submits this statement for the purpoporation's board of directors. I hereby accept the	e appointment as registered	
agent. I a	m families with, and copy the oblig	ations of Section 617.0603, Flo	rida Statutes.	11 0 11 1/01 stee	4/22/98	
SIGNATURE .	Multo Cop	ance_	Victor Harr		4/88/90	
12.	Signature, typed or printed name of regimered and OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12	
TITLE	TD	DELETE	1.1 TITLE	D	Change Addition	
NAME	MCDERMOTT, JOYCE		1.2 NAME	craia Holobs		
STREET ADDRESS	1719 NW 23 AVE 4E		1.3 STREET ADDRESS	1719 NW 2310 KVE # 22		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Gainesville, FL 32605		
TITLE	SD	☐ DELETE	2.1 TITLE	^	Change Maddition	
NAME	LEVINARD, JEROME		2.2 NAME	Peggy wateon-Green 1717 NW23rd Ave #36		
STREET ADDRESS	1719 NW 23 AVE 4C		2.3 STREET ADDRESS	1717 NW23rd Ave # 3E		
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CITY-ST-ZIP	Gainesville, FL 32605	:	
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition	
NAME	DURRANCE, JOHN		3.2 NAME			
STREET ADDRESS	1717 NW 23 AVE 5A		3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		Change Addition	
NAME	NELSON, EDWARD		4.2 NAME			
STREET ADDRESS	1717 NW 23RD AVE. 2F		4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605		4.4 City - St - ZiP		2 60	
TITLE	PO	☐ DELETE	5.1 TITLE	PD - 11 Vietor	Change	
NAME	HARRLEE, VICTOR			Harrell, Victor		
STREET ADDRESS	1717 NW 23 AVE 3C		5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 00000		5.4 CITY-ST-ZIP	Gainesville, FL 32605	Observe The advances	
TITLE	D	DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	EVANS, ROBERT		6.2 NAME			
STREET ADDRESS	1717 NW 23RD AVE. 4D		6.3 STREET ADDRESS			
CITY-ST-ZW	GAINESVILLE FL 32605		6.4 CITY - ST - ZIP			

City-st-zip

GAINESVILE FL 32805

14. I hereby certify that the information supplied with this filing 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 mistes 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 attachor in with the address.

SIGNATURE:

Harvell 4/22/98 35:

352 372 3556

CR2E037 (10/97)