

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90013 049 ****61.25

DOCUMENT # 721590

1. Corporation Name

GAINESWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1717 NW 23RD AVE.
GAINESVILLE FL 32605

Mailing Address

1717 NW 23RD AVE.
GAINESVILLE FL 32605



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/26/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1397211	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRELL, VICTOR
1717 NW 23 AVE STE 3C
GAINESVILLE FL 32605

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HOBBS, CRAIG <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBBS, CRAIG	1.2 NAME	Gribbin, John
STREET ADDRESS	1719 NW 23 RD AVE STE 2E	1.3 STREET ADDRESS	1717 NW 23rd Ave 5F
CITY-ST-ZIP	GAINESVILLE FL 32605	1.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	D WATSON-GREEN, PEGGY <input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON-GREEN, PEGGY	2.2 NAME	Delano, Virginia
STREET ADDRESS	1717 NW 23 AVE STE 3E	2.3 STREET ADDRESS	1719 NW 23rd Ave 5C
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	D DURRANCE, JOHN <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURRANCE, JOHN	3.2 NAME	Durrance, John
STREET ADDRESS	1717 NW 23 AVE 5A	3.3 STREET ADDRESS	1717 NW 23rd Ave
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	PD HARRELL, VICTOR <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, VICTOR	4.2 NAME	Nelson, Judith
STREET ADDRESS	1717 NW 23 RD AVE STE 3C	4.3 STREET ADDRESS	1719 NW 23rd Ave 2F
CITY-ST-ZIP	GAINESVILLE, FL 00000 32605	4.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gray, Polly
STREET ADDRESS		5.3 STREET ADDRESS	1719 NW 23rd Ave 4F
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

John Gribbin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/99
Date

Daytime Phone #

CR2E037 (5/99)