

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 15 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 722578 (2)**

1. Corporation Name  
**BIVEN'S NORTH, INC.**



Principal Place of Business <b>P.O. BOX 140-327 GAINESVILLE FL 32614-0327</b>	Mailing Address <b>P.O. BOX 140-327 GAINESVILLE FL 32614-0327</b>
--	--

3. Date Incorporated or Qualified  
**02/01/1972**

4. FEI Number  
**59-1417657**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

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

9. Name and Address of Current Registered Agent

**JOAN E. EDGAR  
2506 SW 9TH DR.  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name **MARY M. HEINS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2540 SW 14th DR**

83

84 City **GAINESVILLE** FL 85 Zip Code **32608**

11. Pursuant to the provisions of Sections 617.0902 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 617.1503, Florida Statutes.

SIGNATURE *Mary M. Heins* DATE **3/13/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	JENNINGS, DONALD	
STREET ADDRESS	2518 SW 14TH DR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	FELIX LEE	
STREET ADDRESS	2520 SW 14TH DR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	EDGAR, JOAN	
STREET ADDRESS	2506 SW 9TH DR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input checked="" type="checkbox"/>
NAME	BEVERLY MCGUIRE	
STREET ADDRESS	2504 SW 14TH DR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	WILLIAM, MALCOLM	
STREET ADDRESS	2522 SW 14TH DR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	SWENSON, RICK		
1.3 STREET ADDRESS	2524 SW 14th DR.		
1.4 CITY-ST-ZIP	GAINESVILLE FL 32608		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ELKIN, GAIL		
2.3 STREET ADDRESS	2622 SW 14th DR.		
2.4 CITY-ST-ZIP	GAINESVILLE FL 32608		
3.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	HEINS, MARY		
3.3 STREET ADDRESS	2540 SW 14th DR.		
3.4 CITY-ST-ZIP	GAINESVILLE FL 32608		
4.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	MANCHESTER, MEG		
4.3 STREET ADDRESS	2510 SW 14th DR.		
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32608		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	JENNINGS, JOHN		
5.3 STREET ADDRESS	2606 SW 14th DR.		
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32608		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: *Mary M. Heins* DATE: **3/13/98** DAYTIME PHONE: **352 3950334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/97)