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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N05849

1. Corporation Name

LAS PAMPAS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

3418 NW 37TH AVE
GAINESVILLE FL 32605

Mailing Address

3418 NW 37TH AVE
GAINESVILLE FL 32605

117035-90034-18 5



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
10/25/1984

4. FEI Number
59-263425 1

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

9. Name and Address of Current Registered Agent

SPIVEY, GERALD
3456 NW 37TH AVENUE
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 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

TITLE PD
NAME SPIVEY, GERALD
STREET ADDRESS 3456 NW 37TH AVE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE VD
NAME LAWRENCE, SHIRLEY
STREET ADDRESS 3468 NW 37TH AVE.
CITY-ST-ZIP GAINESVILLE FL

TITLE TD
NAME CORNWELL, LAUREN
STREET ADDRESS 3504 NW 37TH AVE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE SD
NAME CANTO, CAROL
STREET ADDRESS 3470 NW 37TH AVE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SO
SECONDI, KYLE
3454 NW 37TH AVE
GAINESVILLE, FL 32605

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:

LAUREN CORNWELL

Date

1/15/99

Daytime Phone #

352/375-1030

CR2E037 (1/198)