FILE NOW: FILING FEE IS [redacted]

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 727667 (8)

1. Corporation Name

GAINESVILLE BUILDERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2217 NW 66TH COURT GAINESVILLE FL 32653 US	2217 NW 66TH COURT GAINESVILLE FL 32653 US

3. Date Incorporated or Qualified: **10/06/1973**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-1444544** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HILL, GINA M.
2217 NW 66TH COURT
GAINESVILLE FL 32653

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	☒ DELETE	1.1 TITLE	TP	☐ Change ☒ Addition
NAME	~~DIAZ, LUIS~~		1.2 NAME	Ira Carter	
STREET ADDRESS	~~561 N.E. 7TH AVE.~~		1.3 STREET ADDRESS	2458 NW 15 Place	
CITY-ST-ZIP	~~GAINESVILLE FL~~		1.4 CITY-ST-ZIP	Gainesville FL 32605	
TITLE	~~SD~~ VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	ROBINSON, SCOTT		2.2 NAME		
STREET ADDRESS	5200 NW 34 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	~~SP~~	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	MENDEL, ED		3.2 NAME		
STREET ADDRESS	~~2508 NW 27 PLACE~~		3.3 STREET ADDRESS	4001 Newberry Rd C-4	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	~~SD~~ VP	☐ DELETE	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	WILLIS, LORI		4.2 NAME		
STREET ADDRESS	3207 SW 35 BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HILL, GINA M.		5.2 NAME		
STREET ADDRESS	RT 3 BOX 180		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		5.4 CITY-ST-ZIP		
TITLE	~~VP~~	☒ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME	~~BARNES, GEORGE~~		6.2 NAME	Dario Karably	
STREET ADDRESS	~~2811 NW 41 STREET~~		6.3 STREET ADDRESS	PO Box 12 (no street address)	
CITY-ST-ZIP	~~GAINESVILLE FL~~		6.4 CITY-ST-ZIP	Earleton FL	

CR2E037 (12/95)

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)(k), 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: Gina M Hill 4/6/96 352-372-5649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #