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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32653-1629 US

3. Date Incorporated or Qualified: **10/06/1973**
3a. Date of Last Report: **04/10/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~TD~~ VP	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	CARTER, IRA		1.2 NAME		
STREET ADDRESS	2458 NW 15TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	~~VP~~ P	☐ DELETE	2.1 TITLE	P	☒ 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	P	☒ DELETE	3.1 TITLE	SP	☐ Change ☒ Addition
NAME	MENDEL, ED		3.2 NAME	Laura Fuller	
STREET ADDRESS	4001 NEWBERRY RD, C-4		3.3 STREET ADDRESS	411 N. Main St.	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	Gainesville FL 32601	
TITLE	VP	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	WILLIS, LORI		4.2 NAME	Hank Weaver	
STREET ADDRESS	3207 SW 35 BLVD		4.3 STREET ADDRESS	10107 SW 25 Pl.	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	Gainesville FL 32607	
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	~~SB~~ VP	☐ DELETE	6.1 TITLE	VP	☒ Change ☐ Addition
NAME	KARABLY, DAVID		6.2 NAME		
STREET ADDRESS	PO BOX 12		6.3 STREET ADDRESS		
CITY-ST-ZIP	EARLETON FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Gina M. Hill REQUIRED 4/18/97 352-372-5649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0011661