FILE NOW: FILING FEE IS ~~$61.25~~

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

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

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 _____
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	~~P~~	☐ DELETE	1.1 TITLE	PD	☒ 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	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	ROBINSON, SCOTT		2.2 NAME	Brenneman, Fred	
STREET ADDRESS	~~5200 NW 34 ST~~		2.3 STREET ADDRESS	4001 Newberry Rd C-2	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville FL	
TITLE	~~SP~~ VP	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	FULLER, LAURA		3.2 NAME		
STREET ADDRESS	411 N. MAIN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	~~HANK~~, WEAVER		4. 2 NAME	Creel, Jack	
STREET ADDRESS	~~10107 SW 25 PLACE~~		4.3 STREET ADDRESS	5800 NW 39 Ave #101	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	Gainesville FL	
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	7421 NW 128 Place	
CITY-ST-ZIP	ALACHUA FL		5.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	6.1 TITLE	~~S~~PD	☐ Change ☒ Addition
NAME	KARABLY, DAVID		6.2 NAME	Stringfellow, Doug	
STREET ADDRESS	PO BOX 12		6.3 STREET ADDRESS	1015 S. Main	
CITY-ST-ZIP	EARLETON FL		6.4 CITY-ST-ZIP	Gainesville FL	

CR2E037 (10/97)

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 receivor 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 Gina M Hill 4-28-98 352-375-4949