

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90020 049 \*\*\*\*61.25

**DOCUMENT # N01000006305**

**1. Entity Name**

**GLEN SPRINGS PRESERVATION ASSOCIATION, INC.**



**Principal Place of Business**

**2329 NW 30TH TERRACE  
GAINESVILLE FL 32605**

**Mailing Address**

**2329 NW 30TH TERRACE  
GAINESVILLE FL 32605**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**59-3750572**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MUTCH, SAMUEL A  
2114 NW 40TH TERRACE  
GAINESVILLE FL 32605**

**7. Name and Address of New Registered Agent**

**Name** *Bonnie O'Brien*

**Street Address (P.O. Box Number is Not Acceptable)**

*2329 NW 30<sup>th</sup> Terrace*

**City** *Gainesville*

**FL**

**Zip Code**

*32605*

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Bonnie O'Brien DST* *Bonnie O'Brien* *April 14 2004*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐ **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** *DP* ☐ Delete  
**NAME** *DAME, SHARON*  
**STREET ADDRESS** *3321 NW 26TH TERRACE*  
**CITY-ST-ZIP** *GAINESVILLE FL 32605*

**TITLE** *DV* ☐ Delete  
**NAME** *FURLOW, LEONARD PH.D*  
**STREET ADDRESS** *3001 NW 28TH TERRACE*  
**CITY-ST-ZIP** *GAINESVILLE FL 32605*

**TITLE** *DST* ☐ Delete  
**NAME** *O'BRIEN, BONNIE*  
**STREET ADDRESS** *2329 NW 30TH TERRACE*  
**CITY-ST-ZIP** *GAINESVILLE FL 32605*

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Bonnie O'Brien DST* *Bonnie O'Brien* *April 14 2004* *352-7991*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #