

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

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



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

O'BRIEN, BONNIE
2329 NW 30TH TERR.
GAINESVILLE, FL 32605

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DAME, SHARON
STREET ADDRESS	3321 NW 26TH TERRACE
CITY- ST- ZIP	GAINESVILLE, FL 32605
TITLE	DV
NAME	FURLOW, LEONARD PH.D
STREET ADDRESS	3001 NW 28TH TERRACE
CITY- ST- ZIP	GAINESVILLE, FL 32605
TITLE	DST
NAME	O'BRIEN, BONNIE
STREET ADDRESS	2329 NW 30TH TERRACE
CITY- ST- ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000619130
02/08/07 80059-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Bonnie O'Brien*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07 352-372-7991
Date Daytime Phone #