


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 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
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02212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3750572	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000841928 03/11/08-80007-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DAME, SHARON 3321 NW 26TH TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FURLOW, LEONARD PH.D 3001 NW 26TH TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST O'BRIEN, BONNIE 2329 NW 30TH TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <i>Bonnie O'Brien</i> BONNIE O'BRIEN <i>Feb 21 2008</i> <i>352-372-7991</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>