

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N05849** (7)  
1. Corporation Name  
**LAS PAMPAS COMMUNITY ASSOCIATION, INC.**



Principal Place of Business: **3418 NW 37TH AVE GAINESVILLE FL 32605**  
Mailing Address: **3418 NW 37TH AVE GAINESVILLE FL 32605**

3. Date Incorporated or Qualified: **10/25/1984**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2634251**  
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

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

9. Name and Address of Current Registered Agent: **CUMMINGS, CAMIE 3502 NW 37TH AVE. GAINESVILLE FL 32605**  
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: CUMMINGS, CAMIE D	1.1 TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3502 NW 37TH AVE.	CITY-ST-ZIP: GAINESVILLE FL 32605	1.2 NAME: 3418 NW 37TH AVE	
		1.3 STREET ADDRESS: Carol Cantu	
		1.4 CITY-ST-ZIP: Gainesville, FL 32605	
TITLE: VD	NAME: LAWRENCE, SHIRLEY	2.1 TITLE: Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3468 NW 37TH AVE.	CITY-ST-ZIP: GAINESVILLE FL	2.2 NAME: Wanda Carter	
		2.3 STREET ADDRESS: 3438 NW 37TH AVE	
		2.4 CITY-ST-ZIP: Gainesville, FL 32605	
TITLE: STD	NAME: CARTER, WANDA	3.1 TITLE: ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3438 NW 37TH AVE.	CITY-ST-ZIP: GAINESVILLE FL	3.2 NAME: ---	
		3.3 STREET ADDRESS: ---	
		3.4 CITY-ST-ZIP: ---	
		4.1 TITLE: ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME: ---	
		4.3 STREET ADDRESS: ---	
		4.4 CITY-ST-ZIP: ---	
		5.1 TITLE: ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME: ---	
		5.3 STREET ADDRESS: ---	
		5.4 CITY-ST-ZIP: ---	
		6.1 TITLE: ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME: ---	
		6.3 STREET ADDRESS: ---	
		6.4 CITY-ST-ZIP: ---	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wanda Carter Wanda Carter 3/4/96 1/605-1125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3-26-96 Daytime Phone: 56-326-96

CR2E037 (12/95)