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**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N05849 (7)

LAS PAMPAS COMMUNITY ASSOCIATION, INC.

Principal Plac	on of Business		Mailir	na Addross						811 91911 81911 818		!! <b>!!!!</b> !
Principal Place of Business  3418 NW 37TH AVE GAINESVILLE FL 32605			Mailing Address  3418 NW 37TH AVE									
JAINESVILLE FI	L 32605		GAINES	SVILLE FL 32605	-2037							
								Date Incorporated or Qual 10/25/1984	lified 3	03/26/	st Repor <b>1996</b>	t
2. Principal Place of Business 21		2a. Mailing Address 26			4. 1	4. FEI Number 59-2634251		Applied Not Ap				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	Certificate of Status Desire	ed [		5 Addit	ional	
City & Stat	te		c	rty & State				Election Campaign Financ		<b>\$5.</b>	00 May	Ве
Zıp	Count	у	28 Zi	p	Cou	ntry		Trust Fund Contribution  This corporation has liabili	ty for intar		led to Fe er s. 199	
4	9. Name and Addro	no of Curron	29	ad Ament	30			Florida Statutes		s 🗆 No		
	9. Name and Addit	as or correct	ir nagistai	en våeur		81 Name	10.	Name and Address of No	w Hegist	ereo Agent		
CUMMIN	GS, CAMIE						Address (P.	O. Box Number is Not Acc	entable)			
	/ 37TH AVE. /ILLE FL 32605					83						<del></del>
OMMEST	TILLE FL 32003											
						84 City				FL I'I	Zip Code	
<ol> <li>Pursuant office or r</li> </ol>	to the provisions of Sec	tions 617.050 in the State	2 and 617. of Florida	1508, Florida St Such change v	tatutes, the at	ove-named o	corporation	submits this statement for eard of directors. I hereby	the purpo	ose of changing	ng its reg	istere
agent. I a	rn familiar with, and acc	ept the obliga	ations of, S	ection 617.0500	3, Florida Stat	utes	oranorro De	and or amoutoro. Thoroby	uccopt the	o appointment	as regi	stored
SIGNATURE .	Stonature typed or printed nam	ol registered age	nt and title if ac	nolicable	(NOTE: Registerer	Anent signature i	required when re	einstation)		ATC		
	Signature, typed or printed nam	ol registered age FFICERS ANI			(NOTE: Registered	Agent signature i				ATE S AND DIREC	TORS IN	12
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SIGNATURE:

CAN'E U. CUMMWGF) PRESIDENT 3-3-97

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Secretary of State