FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

N09908

(7)

GAINESVILLE NORTH CONDOMINIUM WAREHOUSE 3 OWNERS 'ASSOCIATION, INC.

Principal Place of Business 4609 B-3 N.W. 6TH ST.

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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4609 B-3 N.W. 6TH ST. GAINESVILLE FL 32609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

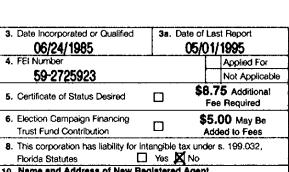
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4609 B-3 N.W. 6TH ST. GAINESVILLE FL 32609



CHESHIRE, LARRY H. 4609 B-3 NW 6TH STREET GAINESVILLE FL 32609

Country

9. Name and Address of Current Registered Agent

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	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
04	Cit.

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.

Country

30

	Signature, typed or printed name of registered agent and title	if applicable (NOT	E: Registered Agent signature required	when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	CHESHIRE, LARRY		1.2 NAME			
STREET ADDRESS	4609 B-3 NW 6 ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32609		1.4 CITY-\$T-ZIP			
TITLE	VD	DELETE	2 1 TITLE		☐ Change	Addition
NAME	CHESHIRE, CORALEE H.		22 NAME			
STREET ADDRESS	4609 B-3 NW 6TH ST.		2 3 STREET ADDRESS			
CITY - ST - ZIP	GAINESVILLE FL 32609		2 4 CITY-ST-ZIP			
TITLE	D	□ DELETE	3 1 TITLE		Change	☐ Addition
NAME	CHESHIRE TRELLIE S.		32 NAME			
STREET ADDRESS	4609 B-3 N.W. 6TH ST.		3.3 STREET ADDRESS			
CITY-S1-ZIP	GAINESVILLE FL 32609		3 4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	<u> </u>	☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 chapged, or on an attachment with an address.

SIGNATURE:

AND THE SHAPE OF BRANCE OF THE STORY

2-16-96 352-375-2121

CR2E037 (12/95)