

519-97 B-7544 MC
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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09908** (7)
1. Corporation Name
**GAINESVILLE NORTH CONDOMINIUM WAREHOUSE 3 OWNERS
' ASSOCIATION, INC.**

Principal Place of Business 4609 B-3 N.W. 6TH ST. GAINESVILLE FL 32609	Mailing Address 4609 B-3 N.W. 6TH ST. GAINESVILLE FL 32609
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/24/1985	3a. Date of Last Report 03/06/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2725923	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 CHESHIRE, LARRY 4609 B-3 NW 6 ST. GAINESVILLE FL 32609	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD CHESHIRE, CORALEE H. 4609 B-3 NW 6TH ST. GAINESVILLE FL 32609	2.1 TITLE	ST D
NAME		2.2 NAME	CORALEE H. CHESHIRE
STREET ADDRESS		2.3 STREET ADDRESS	4609 B-3 N.W. 6th ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	D CHESHIRE TRELLIE S. 4609 B-3 N.W. 6TH ST. GAINESVILLE FL 32609	3.1 TITLE	VD
NAME		3.2 NAME	CHEUVONT ALLEN E.
STREET ADDRESS		3.3 STREET ADDRESS	4609 B-3 N.W. 6th ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

4/24/97

352-375-2121

CR2E037 (9/96)