

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10003 (4)

1. Corporation Name

THOMAS SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~RASPANTI, LISA A.~~ SE COR.
~~303 N.E. 6TH AVENUE~~ 6TH AVENUE AT
GAINESVILLE FL 32601 3RD STREET, NE
US GAINESVILLE FL
32601 - USA

~~C/O RASPANTI, LISA A.~~ 40 PARKER, G.L.
~~303 N.E. 6TH AVENUE~~ 307 6TH AVE
GAINESVILLE FL 32601 GAINESVILLE, FL
US 32601
USA

3. Date Incorporated or Qualified
06/28/1985

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2681861

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RASPANTI, LISA A.~~ PARKER, G.L.
~~303 N.E. 6TH AVENUE~~ 307 NE 6 AVENUE
GAINESVILLE FL 32601 GAINESVILLE FL 32601

81 Name

PARKER, G.L.

82 Street Address (P.O. Box Number is Not Acceptable)

307

83

84 City

GAINESVILLE

FL

85 Zip Code
32601

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE
NAME PARKER, GEORGE L
STREET ADDRESS 307 NE 6 AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☒ DELETE
NAME CAMERON, KARA
STREET ADDRESS 303 NE 6 AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☒ DELETE
NAME PARKER, GEORGE L
STREET ADDRESS 307 N.E. 6TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☐ Change ☐ Addition
1.2 NAME GEORGE L. PARKER
1.3 STREET ADDRESS 307 NE 6TH AVE
1.4 CITY-ST-ZIP GAINESVILLE FL 32601

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME KARA CAMERON
2.3 STREET ADDRESS 303 NE 6TH AVENUE
2.4 CITY-ST-ZIP GAINESVILLE FL 32601

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME CARSON, SAMUEL O
3.3 STREET ADDRESS 305 NE 6TH AVENUE
3.4 CITY-ST-ZIP GAINESVILLE, FL 32601

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. L. Parker, President

Date

Daytime Phone #

2/18/96

352-87375
0463

CR2E037 (12/95)