## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•	RPORATI	e e			DEPARTI Secretary SION OF COI	of Sta	te	ΤE			4 FEB 2			
1. Corpora	JMENT ation Name		ommunity	ASSOC	iatio	n, I	nc.			Ţ	SECRETAI ALLAHAS	SEE, F	AĞİRÖL	Ļ
2. Principal Office Address 3. Mailing Office Address														
					NW 17th Lane									
Suite, Apt. #, etc. Suite, Apt. #,					<del></del>									
7 . 5 % %									4. Date Incor	porated or Q		_ : .		
City & State City & State					····						<u>-</u>	-22-	T	
Gainesville				Gainesville					5. FEI Number 59-2969044			-	Applied Fo	
		Country Alac	hua	<sup>Zip</sup> 32605		Country Ala			6.	E OF STATUS	·		ional Fee red ificate of Sta	quired
				7. N	lame and Ad	dress o	Current Re	egiatere	d Agent			_		<b></b>
•	Name Gil	lette	C. Ta	rhox										
	Street Add	iress (P.O.	Box Number is N	ot Acceptable)					02/24	<del>11002</del> 70401	<del>:9302</del> 1029020	1 <del>132</del> ] **	<del>2</del> 806, 25	
	Suite, Apt.	#, Etc.		<del></del>			<u> </u>							
	City Gai	nesv	ille	REIN	STA			17 (	<del>)}_U</del>	State	Zip Code 3 2 6 0 5		_	
8. I being	n appointed th	e renisteren	agent of the abo	ve named como	ration em fa	nillarwi	h and accer	ot the oh	lications of sect	ion 607 0505	or 617.0502 E	-		
Signature of Registered	of (		the C.	Jerbor					mgations of sect		124 14		04	
L		/	R	GISTERED AG	ENT MUST S	SIGN					•	<u> </u>		
9. Name	s and Street A	ddresses o	Each Officer an	Vor Director (Fig	orida nonprofi	corpora	itions must i	ist at lea	st 3 directors)	<del></del>				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director										
Р	Rick Reynolds			1615 NW 16th Dr				ve	Gain	esvil-le	F, FL	-3260	):5	
T	Gille	Gillette C. Tarbox				ΝW	17th	Lar	ı e	Gain	esville	FL.	3260	5
D	Karen Hall .				1756	· NW	17th	Lar	ı e	Gain	esville	, FI	3260	) 5
D	Peggy	Bli	tch		1818	NW	17th	Lar	ı e	Gain	esville	, FL	3260	) 5
D	Ken E	Balla	r d	<del></del>	1710	NW_	16th	P1 a	ıce	Gain	esville	, FL	3260	) 5
this re owed	einstatement a I by the corpor	ipplication, t ation have b	irector or the rece he reason for dis een paid and the ccurate, and my	solution has been names of individ	n eilmineted, Juais listed or	the corp this for	orate name : n do not que	satisfies alify for a	the requiremen in exemption un	ts of section (	307.0401 or 617	.0401, F.S	., that all fee	s

Gille He C Tarbox Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(04/04)

2-14-04 35337-0244

Daytime Phone #

Date