SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # N33974 (9)

1. Corporation Name
430 BUILDING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
430 NORTH MAIN STREET GAINESVILLE FL 32601-5329	430 NORTH MAIN STREET GAINESVILLE FL 32601-5329

3. Date Incorporated or Qualified: 08/28/1989
4. FEI Number: 59-3065998 ☐ 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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HORTON, DORIS
9511 NW 6TH PLACE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: O'Hara, Emily F.
82 Street Address (P.O. Box Number is Not Acceptable): 10414 SW 55th Place
83:
84 City: Gainesville FL 85 Zip Code: 32608

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: Emily F. O'Hara — Emily F. O'Hara, Treasurer, 430 Bldg Assoc — DATE: 8/23/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	RANDALL, CHRIS		1.2 NAME	O'Hara, Emily	
STREET ADDRESS	1617 NW 19TH CIRCLE		1.3 STREET ADDRESS	10414 SW 55th Place	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	BAKKER, ROSEMARY		2.2 NAME	Harrison, Juanita	
STREET ADDRESS	1922 NW 14TH AVE		2.3 STREET ADDRESS	4808 NW 57th Drive	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	BARTLETT, BEVERLY		3.2 NAME	Bartlett, Beverly	
STREET ADDRESS	430 N. MAIN STREET		3.3 STREET ADDRESS	1421 NW 47th Terrace	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	SCHECK, JULIE		4.2 NAME	Emerson, Martha	
STREET ADDRESS	7325 SW 97TH LANE		4.3 STREET ADDRESS	3115 NW 31st Street	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	TD	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HARTWELL, LONNIE D.		5.2 NAME	Hartwell, Lonnie D.	
STREET ADDRESS	1830 SW 44TH AVE.		5.3 STREET ADDRESS	1830 5 W 44th Avenue	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	FULLER, MELBA		6.2 NAME	Herbstman, Barbara	
STREET ADDRESS	1102 SW 80TH TERRACE		6.3 STREET ADDRESS	407 S.W. 80th Drive	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	Gainesville, FL 32607	

CR2E037 (5/98)

14. I 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: Emily F. O'Hara, Emily F. O'Hara — 8/23/98 — 352-377-2566 x312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

•Block 13, Continued- Additions/Changes to Officers & Directors in 12

Title: D
Name: Williams, Rhonda
Street Address: 2225 S.W. 86th Terrace
City-St-Zip: Gainesville, FL 32607

Title: D
Name: Scott, Robin
Street Address: 5600 NW 91st Blvd.
City-St-Zip: Gainesville, FL 32653