FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N94000001371 (3)

1. Corporation Name

TOWNHOMES ON THE GREEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2825 N.W. 104TH CT. #C GAINESVILLE FL 32606	2825 N.W. 104TH CT. #C GAINESVILLE FL 32606

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report: 08/30/1995

2. Principal Place of Business — 21: ~~2825~~ 2825 N.W. 104th Ct.
22: Suite, Apt. #, etc.: # D
23: City & State: Gainesville
24: Zip: 32606
25: Country: Alachua

2a. Mailing Address — 26: 2825 N.W. 104th Ct
27: Suite, Apt. #, etc.: # B
28: City & State: GAINESVILLE
29: Zip: 32606
30: Country: Alachua

4. FEI Number: 59-3249660 ☐ 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

SLATTERY, JAMES
2825 N.W. 104TH CT. #B
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name: ~~Sylvia~~ JAMES SLATTERY
82 Street Address (P.O. Box Number is Not Acceptable): 2825 N.W. 104th Ct #B
83:
84 City: GAINESVILLE FL 85 Zip Code: 32606

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 X (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when filing this change) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE	DST	☒ Change ☐ Addition
NAME	SLATTERY, JAMES		12 NAME	SYLVIA GENTILE	
STREET ADDRESS	2825 N.W. 104TH CT. #B		13 STREET ADDRESS	2825 N.W. 104th Ct. #D	
CITY-ST-ZIP	GAINESVILLE FL 32606		14 CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	VD	☒ DELETE	21 TITLE	P/VP	☒ Change ☐ Addition
NAME	HUDSON, JOHN D		22 NAME	JEFF LLOYD	
STREET ADDRESS	4420 N.W. 15TH PLACE		23 STREET ADDRESS	2825 N.W. 104th Ct. # A	
CITY-ST-ZIP	GAINSVILLE FL 32605		24 CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	DS	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ALLEVA, SUE D		32 NAME		
STREET ADDRESS	2825 N.W. 104TH CT. #D		33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		34 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	TOWERS, WANDA D		42 NAME		
STREET ADDRESS	2825 N.W. 104TH CT. #D		43 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP	600001770366	
TITLE		☐ DELETE	61 TITLE	-04/05/96--01018--014	☐ Change ☐ Addition
NAME			62 NAME	***61.25	
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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: X Sylvia Gentile (Sylvia Gentile) Sec/Treas. 3/27/96 (352) 331-3770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #