FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N9400002707 (7)

GIBSON-ALWOOD COMMONS ASSOCIATION, INC.

Principal Place of Business Mailing Address								**** 16.5() (3111 1981 1981	
336 N.W. 7TH			336 N.W. 7TH COURT				3. Date Incorporated or Qualified			
DEERFIELD BEACH FL 33441		DEERFIELD BEACH FL 33441					05/31/1994			
1							4. FEI Number	A	oplied For	
	<u>:</u>						65-0559212	No	t Applicable	
	lace of Business	2a. Mailing	2a. Mailing Address				5. Certificate of Status Desired	8.75	Additional	
21		26							egulred	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5.00		
City & State			City & State					Added to		
23 City & Stati	y .		28				7. Is this nonprofit corporation a homeowners as		ሳ ?	
Zip Country			Zip Country				This corporation owes or has paid the current		onalbla	
24			29 30		,		Personal Property Tax due June 30.		iangibie I No	
9. Name and Address of Curr							10. Name and Address of New Registered Age		2	
					81	Name				
DAVIS, MARGARET				-	82	Street Address (P.O. Box Number is Not Acceptable)				
	/. 7TH COURT		ļ			Street Augi	iless (P.O. Box Number is Not Acceptable)			
	LD BEACH FL 33441									
				ŀ	84	C#.		el 7:-	Code	
				l	*	City	FL i°	15 Zip	~ooe	
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508	, Florida Statute	es, the ab	ove-	named corp	poration submits this statement for the purpose of chition's board of directors. I hereby accept the appoint	anging it	s registered	
Some or r	egistered agent, or both, in the St im familiar with, and accept the ob-	ate of Florida. Such oligations of, Sectio	n change was a n 617.0503, Fic	utnorized orida Statu	ıtes.	the corporat	tion's board of directors, I hereby accept the appoint	ment as	registerea	
SIGNATURE	•	•								
	Signature, typed or printed name of registered		ole (NOTE		Agen	it signature requir	ired when reinstating) DATE			
12.		AND DIRECTORS	Des exe	13.			ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE	D AND AND AND AND AND AND AND AND AND AN		☐ DELETE	1.1 TIT				Change	Addition	
NAME	DAVIS, ANTHONY			1.2 NA						
STREET ADDRESS	336 N.W. 7TH COURT	***				ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 334	141	DELETE	1.4 CIT	_	- ZIP		Change	Addition	
TITLE				2.1 TIT			L	Change	Addition	
NAME	SHELLMAN, TIMOTHY			2.2 NA						
STREET ADDRESS	298 N.W. 3RD AVE	444		- 1		ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 334	 41	DELETE	2.4 CI		[-ZiP		Change	Addition	
TITLE	•		☐ OCCCIC	3.1 TIT		ŀ		Change	M VOORION	
NAME OTREET ADDRESS	GRAHAM, THELMA 314 N.W. 4TH PLACE			3.2 NA		4000000				
STREET ADDRESS	DEERFIELD BEACH FL 334	444				ADDRESS				
CITY-ST-ZIP	DECRIPELO DENON PL 334	!4 	DELETE	3.4. CI		- ZIP		Change	Addition	
NAME .			OLCCIC	4. 2 NA				Ondingo	L ADDITION	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CIT						
TITLE			DELETE	5.1 TiT		-211		Change	Addition	
NAME				5.2 NA			_			
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CIT		1				
TITLE			DELETE	6.1 TIT				Change	Addition	
NAME			-	6.2 NA			_	•	_	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				6.4 CIT						
4411 41.1911				9.7 011	. 51					

I hereby certify that the information supplied with this filling 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.

CIGNATURE.

ANTRONINAVI

4/29/98

FILED

May 12 1998 8:00am

Secretary of State