

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 # N95000002346 (3)

1. Corporation Name

GREENSPACE PRESERVATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

708 NORTH WEST 8TH AVENUE  
GAINESVILLE FL 32601

708 NORTH WEST 8TH AVENUE  
GAINESVILLE FL 32601

3. Date Incorporated or Qualified  
05/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-331 5910

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

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

MUTCH, SAMUEL A ESQ.  
708 NORTH WEST 8TH AVENUE  
GAINESVILLE FL 32601

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MONEYHUN, JIM  
STREET ADDRESS 708 NORTH WEST 8TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601

11 TITLE ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME MORRIS, TOM  
STREET ADDRESS 708 NORTH WEST 8TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601

12 NAME ☐ Change ☐ Addition

TITLE SD ☒ DELETE

NAME POLACK, PATRICIA G  
STREET ADDRESS 708 NORTH WEST 8TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601

13 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE TD ☐ DELETE

NAME LOCASCIO, SAL  
STREET ADDRESS 708 NORTH WEST 8TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601

31 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME STAHER, H M  
STREET ADDRESS 708 NORTH WEST 8TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601

32 NAME ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME STAAB, MARY  
STREET ADDRESS 708 NORTH WEST 8TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601

33 STREET ADDRESS ☐ Change ☒ Addition

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 from an attachment with an address.

SIGNATURE:

*Samuel A. Mutch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)