FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997

WARD, FRANK

708 NW 8TH AVE

STREET ADDRESS



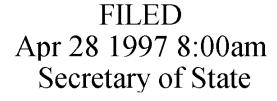
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000002346 (3)

GREENSPACE PRESERVATION ASSOCIATION, INC.



. 1,000/100 010 100/01 01/11 00/11 00/11 00/11 00/11 00/11 00/11 1/00/01

Principal Plac	e of Business	Mailing Address		- 1 PORINION DIO 19181 DININ BRITT BORN BRI	AA MBRAN BONNO TIRDO NITAK ONDAN BAAN ABON
708 NORTH WES GAINESVILLE FL		708 NORTH WEST 8TH AVENU GAINESVILLE FL 32601-5073	E		
				3. Date Incorporated or Qualified 05/15/1995	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2ø. Mailing Address 26		4. FEI Number 59-3315910	Applied For Not Applicable
Suite, Apt.	Helo 8TE Ave	Suite, Apt. #, etc.	W8M Ave	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	rosville FL	City & State 28 Caines ville	· FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 32	25	29 32601 30	7		Yes No
				10. Name and Address of New Reg	listered Agent
{	**		81 Name		
MUTCH, SAMUEL A ESQ. 708 NORTH WEST 8TH AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable	θ)
	ILLE FL 32601		83 726	NO 8 Ave.	
			84 City 64	moville	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 617.0508, Florida Statutes. SIGNATURE SIGNATURE					
SIGNATURE .	Signature, typed or printed name of registered agent		ogistored Agent signature require	of when reinstating)	DATE
12.	OFFICEBS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	MONEYHUN, JIM		1.2 NAME		
STREET ADDRESS	708 NORTH WEST 8TH AVENUE	<u>:</u>	1.3 STREET ADDRESS		:
CITY-ST-ZIP	GAINESVILLE FL 32601		1.4 CHY-ST-ZIP		
TITLE	VPD	DELETE	2.1 TITLE		Change Addition
NAME	MORRIS, TOM	_	2.2 NAME		_ • -
STREET ADDRESS	708 NORTH WEST 8TH AVENUE	= "	23 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601	•	2. 4 Crty-St-ZIP		
TITLE	SD SD	DELETE	3.1 7(7).8		Change Addition
NAME	O'BRIEN, BONNIE		3.2 NAME		
STREET ADDRESS	708 NW 8TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOCASCIO, SAL		4. 2 NAME		-
STREET ADDRESS	708 NORTH WEST 8TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	STAHMER, H M	_	5.2 NAME		
STREET ADDRESS	708 NORTH WEST 8TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		5.4 CITY-ST-ZIP		
	AMIRALIPE I P OFOOT	T ocurre	0.5 041 - 01 - 24		Change

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do 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 Blook 12 or Block 13 if changed, or on an attachment with an address.

4/16/97