


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002346 (3)**

1. Corporation Name

**GREENSPACE PRESERVATION ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
<b>708 NORTH WEST 8TH AVENUE GAINESVILLE FL 32601</b>	<b>708 NORTH WEST 8TH AVENUE GAINESVILLE FL 32601-5073</b>

3. Date Incorporated or Qualified <b>05/15/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3315910</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc. <b>726 NW 8th Ave</b>	25 Suite, Apt. #, etc. <b>726-D NW 8th Ave</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State <b>Gainesville FL</b>	27 City & State <b>Gainesville FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip <b>32601</b>	28 Country	29 Zip <b>32601</b>	30 Country

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 <b>726 NW 8th Ave.</b>	84 City <b>Gainesville</b>	85 Zip Code <b>FL 32601</b>
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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

*Samuel A. Mutch*

**4/16/97**

Signature, typed or printed name of registered agent and file 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONEYHUN, JIM</b>	1.2 NAME	
STREET ADDRESS	<b>708 NORTH WEST 8TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, TOM</b>	2.2 NAME	
STREET ADDRESS	<b>708 NORTH WEST 8TH AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, BONNIE</b>	3.2 NAME	
STREET ADDRESS	<b>708 NW 8TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCASCIO, SAL</b>	4.2 NAME	
STREET ADDRESS	<b>708 NORTH WEST 8TH AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAHMER, H M</b>	5.2 NAME	
STREET ADDRESS	<b>708 NORTH WEST 8TH AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, FRANK</b>	6.2 NAME	
STREET ADDRESS	<b>708 NW 8TH AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Samuel A. Mutch*

**4/16/97**

CR2E037 (9/96)