## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N95000002346 (3)

GREENSPACE PRESERVATION ASSOCIATION, INC.

				[	
Principal Plac	e of Business	Mailing Address			1991 MATTE TYNDS SELSE MINTE OSET YND.
720 N.W. STH AVE		726-D N.W. BTH AVE.		3. Date Incorporated or Qualified	
GAINESVILLE F	1-32601	GAINESVILLE FL 32601 US		05/15/1995	
1		00		4. FEI Number	Applied For
Oning to all D		I de Marie Addison		59-3315910	Not Applicable
	lace of Business NW 43rd Street	2a. Mailing Address 28 2790 NW 43	1 Charle	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.		26 2 790 NW 43   Suite, Apt. #, etc.	M STIECT	6. Election Campaign Financing	\$5.00 May Be
2 Sui	te 100	27 Suite 110		Trust Fund Contribution	Added to Fees
City & State	6	City & State	٠	7. Is this nonprofit corporation a homeon	
	esuille Florida	28 Gainesville	FORIDA	☐ Yes	
Zip 3260	Country	20 32605 3	Country	8. This corporation owes or has paid the	current year Intangible
24 5266	9. Name and Address of Current		6 USA	Personal Property Tax due June 30.  10. Name and Address of New Registe	
			81 Name		
MUTCH, SAMUEL A ESQ.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MUTCH, SAMUEL A ESO. 2790 NW 43 rd Streed R28 N.W. STH AVE. 2790 NW 43 rd Streed GAINESVILLE FL 82801 Suite 100 Gainesville, Fl 32606			SI SI SI SI AUU	Iress (F.O. Box Number is Not Acceptable)	
GAINES	WHEFL 82801 Suife /	00 El 2011	83		
	Gainesu	1116, 17 3260E	84 City		85 Zip Code
			11		F1L ) ]
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.					
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 little if applicable (NOTE: Registered Agent algebraic equired when reinstaling)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TIFLE	PD	DELETE	1.1 TITLE P	D	Change Addition
NAME	MONEYHUN, JIM	_	1.2 NAME	ocascio, SAL	Bal Canata
STREET ADDRESS	708 NORTH WEST 8TH AVENU	E	1.3 STREET ADDRESS	60 NW 8 1 AVE 2790NN 4.	SIA SITIEDI
CITY - ST - ZIP	GAINESVILLE FL 32601 VPD	☐ DELETE	1.4 CITY - ST - ZIP	ainesville, Fl 32605	Change Addition
TITLE NAME	MORRIS, TOM	☐ DELETE	2.1 TITLE V	tahmee Paula	An cuanda CI vonicion
STREET ADDRESS	708 NORTH WEST 8TH AVENU	F	2.3 STREET ADDRESS 2	tahmer, Paula 190 NN 43rd Street	
CITY-ST-ZIP	GAINESVILLE FL 32601	•	2.4 CITY-ST-ZIP	ainesuille, F1 32605	
TITLE	SD	DELETE	3.1 TITLE	'D	Change Addition
NAME	O'BRIEN, BONNIE		22 11116	Lagou Isance	
STREET ADDRESS	708 NW 8TH AVE		3.3 STREET ADDRESS 2	790 NW 43rd Street	
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-ST-ZIP G	ainesville, FL 32605	
TITLE	TD	☐ DELETE	4.1 TITLE	Recording Secretary	Addition Addition
NAME	LOCASCIO, SAL 708 NORTH WEST 8TH AVENU	E	4. 2 NAME	790 NW 43rd STREET	
STREET ADDRESS	GAINESVILLE FL 32801	C.	4.3 STREET ADDRESS	TIPECIAL THE 2040 C	
CITY-ST-ZIP TITLE	D OARNESVILLE PL 32001	DELETE	4.4 CITY-ST-ZIP	ainesville, FL 32605 orresponding Searchary	Change Addition
NAME	STAHMER, H M		52 NAME	SOUNIS D'BRIED	7
STREET ADDRESS	708 NORTH WEST 8TH AVENU	E	5.3 STREET ADDRESS	190 NN 4313 Street	,
CITY-\$1-ZIP	GAINESVILLE FL 32601		5.4 CITY-ST-ZIP	unestille, FL 32605	
TITLE	D	☐ DELETE	4 4 70.71.0		Change
NAME	WARD, FRANK		6.2 NAME	rancine Robinson,	•
STREET ADDRESS	708 NW 8TH AVE		6 3 STREET ANDRESS   2"	790 NW 4868 51100.	
CITY-ST-ZIP	GAINESVILLE FL		64 CITY-ST-ZIP	ainesville, 72 32605	

14. I 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: Sumue O'Sum Bornet O'BRIEN Organization 1998 352372799/

CR2E037 (10/97)

**FILED** 

Apr 28 1998 8:00am

Secretary of State