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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003920 (3)**

1. Corporation Name

SPRINGHILLS TRANSPORTATION AND BOTANICAL WATER GARDENS ASSOCIATION, INC.



Principal Place of Business 3700 N.W. 91ST STREET #A-100 GAINESVILLE FL 32606	Mailing Address 3700 N.W. 91ST STREET #A-100 GAINESVILLE FL 32606
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3. Date Incorporated or Qualified

07/26/1996

4. FEI Number

59-3405515

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SONTAG, SANDRA H
3700 N.W. 91ST STREET #A-100
GAINESVILLE FL 32606**

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

TITLE **D** ☐ DELETE

NAME **SONTAG, SANDRA H**
STREET ADDRESS **13130 N.W. 39TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ DELETE

NAME **HAUFLER, EUGENE B**
STREET ADDRESS **3700 N.W. 91ST STREET #A-100**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ DELETE

NAME **BULLARD, JAN**
STREET ADDRESS **3000 N.W. 83RD STREET BLDG. F250**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ DELETE

NAME **BREITENGER, SHARON**
STREET ADDRESS **POST OFFICE BOX 749**
CITY-ST-ZIP **GAINESVILLE FL 32602-0749**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D/S/T

D/P

**4300 NW 89 BLVD
32606**

D/VP

**P. JAN HUEY
P.O. BOX 749 4300 NW 89 BLVD
GAINESVILLE FL 32602-0749
32606**

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:

Sandra H. Sontag 4/7/98 352 376 3336

CP2E037 (10/97)