## 2007 NOT-FOR-PROPIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009443

STRAWBERRY FIELDS OF GAINESVILLE HOMEOWNERS ASSOCIATION, INC.



**FILED** Mar 19, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

100 SW 75TH STREET STE 205 GAINESVILLE, FL 32607

Mailing Address

100 SW 75TH STREET STE 205 GAINESVILLE, FL 32607



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E037 (4/06) 01192007 No Chg-NP

Applied For 4. FEI Number 20-4684615 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

PLA, JOHN M

DO NOT WRITE

100 SW 75TH STREET STE 205 GAINESVILLE, FL 32607				IN	THIS SPACE	
	named entity submits this statement for the itons of registered agent.	purpose of changing its registe	ered office or re	egistered agent, or b	oth, in the State of Florida. I am fam	iliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	s if applicable. (NOTE Registe	red Agent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PUGH, MERRILL 100 SW 75TH STREET STE 205 GAINESVILLE, FL 32607 DVST PLA, JOHN M 100 SW 75TH STREET STE 205		-		000000673292 03/29/07-80023-0	014 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAINESVILLE, FL 32607  D JOHNSON, CARL L 4421 NW 39TH AVENUE BLDG 1 STE 2 GAINESVILLE, FL 32606			DO	NOT WRITE	,
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY ST. 719						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 exactle this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP