

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2012
Secretary of State**

DOCUMENT# N05000009443

Entity Name: STRAWBERRY FIELDS OF GAINESVILLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-4684615 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ACTION REAL ESTATE SERVICES
6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: JOEL, REYNOLDS
Address: 14177 NW 10TH RD
City-St-Zip: NEWBERRY, FL 32669

Title: DT
Name: DANIEL, SAMPLES
Address: 14125 NW 10TH RD
City-St-Zip: NEWBERRY, FL 32669

Title: D
Name: CUTSHALL, ROBERT
Address: 14030 NW 10TH RD
City-St-Zip: NEWBERRY, FL 32669

Title: DV
Name: DAVID, TREADWAY
Address: 14291 NW 9TH RD
City-St-Zip: NEWBERRY, FL 32669

Title: DS
Name: PARKYN, DARYL
Address: 14110 NW 10TH RD
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOEL REYNOLDS

P

03/30/2012

Electronic Signature of Signing Officer or Director

Date