

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N31242** (3)

1. Corporation Name

**SAWMILL HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>1350 ORANGE AVE SUITE 100 WINTER PARK FL 32789-1208 US</b>		Mailing Address <b>P.O. BOX 1208 WINTER PARK FL 32790-1208 US</b>		3. Date Incorporated or Qualified <b>03/17/1989</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-2950214</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 32789</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATTWOOD-PHILLIPS INC  
C/O TARA WEBB  
1350 ORANGE AVE., SUITE 100  
WINTER PARK FL 32790**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code <b>FL 32789</b>

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 Sara Lorell, LCAM - Attwood-Phillips, Inc. DATE 4/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOCHENSKI, DANIEL</b>	1.2 NAME	<b>Lucie Kamuda</b>
STREET ADDRESS	<b>5126 MILL STREAM RD</b>	1.3 STREET ADDRESS	<b>6948 Cross Cut Ct.</b>
CITY-ST-ZIP	<b>OCOE FL</b>	1.4 CITY-ST-ZIP	<b>OCOE, FL 34761</b>
TITLE	<b>PD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENDY KOSLAN</b>	2.2 NAME	<b>Bud Smith</b>
STREET ADDRESS	<b>6825 WOODGRAIN CT</b>	2.3 STREET ADDRESS	<b>5018 Lighterwood Ct.</b>
CITY-ST-ZIP	<b>OCOE FL</b>	2.4 CITY-ST-ZIP	<b>OCOE, FL 34761</b>
TITLE	<b>VD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AL KAMUDA</b>	3.2 NAME	<b>PD</b>
STREET ADDRESS	<b>6948 CROSSCUT COURT</b>	3.3 STREET ADDRESS	<b>OCOE, FL 34761</b>
CITY-ST-ZIP	<b>OCOE FL</b>	3.4 CITY-ST-ZIP	<b>OCOE, FL 34761</b>
TITLE	<b>TD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLER, JOEL</b>	4.2 NAME	<b>OCOE, FL 34761</b>
STREET ADDRESS	<b>5021 LIGHTERWOOD CT</b>	4.3 STREET ADDRESS	<b>OCOE, FL 34761</b>
CITY-ST-ZIP	<b>OCOE FL</b>	4.4 CITY-ST-ZIP	<b>OCOE, FL 34761</b>
TITLE	<b>SD</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL F. POTEAT JR.</b>	5.2 NAME	<b>OCOE, FL 34761</b>
STREET ADDRESS	<b>5231 MILL STREAM RD.</b>	5.3 STREET ADDRESS	<b>OCOE, FL 34761</b>
CITY-ST-ZIP	<b>OCOE FL</b>	5.4 CITY-ST-ZIP	<b>OCOE, FL 34761</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Attwood-Phillips, Inc. DATE: 4-16-98 402-644-4500

CR2E037 (10/97)