

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009443

**FILED**  
**Apr 15, 2019**  
**Secretary of State**  
**7123781976CC**

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

**Current Principal Place of Business:**

C/O MATCHMAKER REALTY OF ALACHUA COUNTY INC  
3947 WEST NEWBERRY RD  
GAINESVILLE, FL 32607

**Current Mailing Address:**

C/O MATCHMAKER REALTY OF ALACHUA COUNTY INC  
3947 WEST NEWBERRY RD  
GAINESVILLE, FL 32607 US

**FEI Number: 20-4684615**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MATCHMAKER REALTY OF ALACHUA COUNTY INC  
MATCHMAKER REALTY OF ALACHUA COUNTY INC  
3947 WEST NEWBERRY RD  
GAINESVILLE, FL 32607 US

*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:** CHER MUSGROVE

04/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SOLANO, DANIEL  
Address        14122 NW 10TH ROAD  
City-State-Zip: NEWBERRY FL 32669

Title            DIRECTOR  
Name            TREADWAY, DAVID  
Address        14122 NW 10TH ROAD  
City-State-Zip: NEWBERRY FL 32669

Title            DIRECTOR  
Name            WILSON, RONALD  
Address        14119 NW 9TH ROAD  
City-State-Zip: NEWBERRY FL 32669

Title            DIRECTOR  
Name            DERENDORF, KARSTEN  
Address        8708 SW 42ND PLACE  
City-State-Zip: GAINESVILLE FL 32608

Title            DIRECTOR  
Name            JOHNSON, DAWN  
Address        14054 NW 10TH ROAD  
City-State-Zip: NEWBERRY FL 32669

Title            DIRECTOR  
Name            RUIZ CALDERON, DANIEL  
Address        14122 NW 10TH ROAD  
City-State-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:** DANIEL SOLANO

PRESIDENT

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date