

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000010908

**Entity Name:** SAWMILL CREEK @ PALM COAST PARK HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 26, 2020**  
**Secretary of State**  
**8584302173CC**

**Current Principal Place of Business:**

7085 US HWY 1 SOUTH  
SUITE B  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

PO BOX 22547  
ST SIMONS IS, GA 31522 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

ANSBACHER & SCHEIDER, P.A.  
5150 BELFORT RD  
BUILDING 100  
JACKSONVILLE, FL 32256 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CATE, H V III  
Address 7085 US HWY 1 SOUTH  
City-State-Zip: ST AUGUSTINE FL 32086

Title VP  
Name BARKE, DUANE  
Address PO BOX 22547  
City-State-Zip: ST SIMONS IS GA 31522

Title S  
Name BYRNES, JOHN  
Address PO BOX 22547  
City-State-Zip: ST SIMONS IS GA 31522

*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: JOHN BYRNES**

**OFFICER**

**03/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date