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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753290** **(6)**

1. Corporation Name

ALACHUA HIGHLANDS, UNIT NO. 1, OWNERSHIP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE SOUTHEAST FIRST STREET P. O. BOX 312 ALACHUA FL 32615	ONE SOUTHEAST FIRST STREET P. O. BOX 312 ALACHUA FL 32616-0312

3. Date Incorporated or Qualified: 07/09/1980
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2450261 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TIM SWAIN
3 ALACHUA HIGHLANDS
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: PATRICIA SWAIN
82 Street Address (P.O. Box Number is Not Acceptable): 11503 N.W. 115 TERRACE
83: ALACHUA
84 City: FL 85 Zip Code: 32615

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: PATRICIA SWAIN Patricia Swain 2/26/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GROEB, ROBERT		1.2 NAME	TIM O. SWAIN	
STREET ADDRESS	38 ALACHUA HIGHLANDS		1.3 STREET ADDRESS	11503 N.W. 115 TERRACE	
CITY-ST-ZIP	ALACHUA FL		1.4 CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	CPD	☐ DELETE	2.1 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME	SIDERS, CLAUDIA		2.2 NAME	PATRICIA SWAIN	
STREET ADDRESS	79 ALACHUA HIGHLANDS		2.3 STREET ADDRESS	11503 N.W. 115 TERRACE	
CITY-ST-ZIP	ALACHUA FL		2.4 CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	ST	☐ DELETE	3.1 TITLE	BOARD MEMBER	☐ Change ☒ Addition
NAME	SWAIN, TIM		3.2 NAME	RON SIDERS	
STREET ADDRESS	3 ALACHUA HIGHLANDS		3.3 STREET ADDRESS	11318 N.W. 115 TERRACE	
CITY-ST-ZIP	ALACHUA FL		3.4 CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	TD	☐ DELETE	4.1 TITLE	BOARD MEMBER	☐ Change ☒ Addition
NAME	SPROW, JEFF		4.2 NAME	BETTY EMMANUEL	
STREET ADDRESS	18 ALACHUA HIGHLANDS		4.3 STREET ADDRESS	11217 N.W. 115 TERRACE	
CITY-ST-ZIP	ALACHUA FL		4.4 CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	D	☐ DELETE	5.1 TITLE	BOARD MEMBER	☐ Change ☒ Addition
NAME	SANDERSON, BILL		5.2 NAME	CONNIE NOBLES	
STREET ADDRESS	14 ALACHUA HIGHLANDS		5.3 STREET ADDRESS	13325 N.W. 112 AVENUE	
CITY-ST-ZIP	ALACHUA FL		5.4 CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

904-462-4254

SIGNATURE: Patricia Swain PATRICIA SWAIN 2/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #