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02-24-1999 90137 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753290**

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 32615

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/09/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2450261 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 32616 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TIM SWAIN
11503 N.W. 115 TERRACE
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 2/15/99
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SWAIN, TIM D.		1.2 NAME		
STREET ADDRESS	11503 N.W. 115 TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRENES, MICHAEL		2.2 NAME		
STREET ADDRESS	11505 NW 112 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NOBLES, CONNIE		3.2 NAME		
STREET ADDRESS	13325 NW 112 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIDERS, RON		4.2 NAME		
STREET ADDRESS	11318 NW 115 TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SWAIN, PATRICIA		5.2 NAME		
STREET ADDRESS	11503 N.W. 115 TERR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: Patricia Swain SIGNATURE REQUIRED PATRICIA Swain 2/15/99 904-462-4254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #