2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 24, 2000 8:00 am
Secretary of State
03-02-2000 90103 023 ****61.25

DOCUMENT # 753290

1. Entity Name

ALACHUA HIGHLANDS, UNIT NO. 1, OWNERSHIP ASSOCIA

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TIM SWAIN 11503 N.W. 115 TERRACE ALACHUA FL 32615	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 PATRICIA SWAIN Patricia Swain 2/24/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SWAIN, TIM D. 11503 N.W. 115 TERR. ALACHUA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRENES, MICHAEL 11505 NW 112 AVE ALACHUA FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NOBLES, CONNIE 13325 NW 112 AVE ALACHUA FL 32615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) BOARD MEMBER ED SCHNEIDER 11606 N.W. 120 TERR ALACHUA FL 32615	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIDERS, RON 11318 NW 115 TERR ALACHUA FL 32615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) BOARD MEMBER GAIL GROSS 11501 N.W. 122 TERR ALACHUA FL 32615	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST (D) SWAIN, PATRICIA 11503 N.W. 115 TERR. ALACHUA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Patricia Swain 2/24/200 904-462-4254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #