2001 UNIFORM BUSINESS REPORT (UBR)

4/1!

FILED
May 17, 2001 8:00 am
Secretary of State
04-19-2001 90069 040 ****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

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

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

7. Name and Address of New Registered Agent

Name Claudia C. Siders
Street Address (P.O. Box Number is Not Acceptable) 11318 NW 115th Terr
Alachua, FL 32615
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 Claudia C. Siders Claudia C. Siders 3/17/01
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	P Thomas, John 11220 NW 122 Terr Alachua, FL 32615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRENES, MICHAEL 11505 NW 112 AVE ALACHUA FL 32615	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHNEIDER, ED 11606 NW 120 TERR ALACHUA FL 32615	☑ Delete	D Sheryl Ryland 11203 NW 120 Terr Alachua, FL 32615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSS, GAIL 11501 NW 122 TERR ALACHUA FL 32615	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SWAIN, PATRICIA 11503 N.W. 115 TERR. ALACHUA FL	☑ Delete	TSD Claudia Siders 11318 NW 115 Terr Alachua, FL 32615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Claudia C. Siders Claudia C. Siders 3/17/01 909-462-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #