2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-11-2004 90033 026 ****61.25

DOCUMENT # 753290

1. Entity Name

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

66403335

MOORE CR2E037 (11/03)

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

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

SIDERS, CLAUDIA C
11318 NW 115TH TERRACE
ALACHUA FL 32615

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, JOHN 11220 NW 122 TERRACE ALACHUA FL 32615	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Glenn Blumberg 11421 NW 120 Terr Alachua, FL 32615	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SLOAN, DON 13709 NW 112TH AVE ALACHUA FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. Albert Buhler 11405 NW 129 Terr Alachua, FL 32615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYLAND, SHERYL 11203 NW 120 TERRACE ALACHUA FL 32615	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Maria Blumberg 11421 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SIDERS, CLAUDIA 11318 NW 115 TERRACE ALACHUA FL 32615	☐ 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	Board Member Michael Brenes 11505 NW 112 Ave Alachua, FL 32615	☐ Change ☑ Addition

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 Siders Claudia C. Siders 2/20/04 352-955-6701-224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #