2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State
02-26-2003 90127 006 ****61.25

DOCUMENT # 753290

1. Entity 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

☐ CHECK HERE IF MAKING CHANGES

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
SIDERS, CLAUDIA C 11318 NW 115TH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Claudia C Siders 2/23/03

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 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	☐ 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 Don Sloan 13709 NW 112th Ave Alachua, FL 32615
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	☐ 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	☐ Change ☐ Addition

CR2E037 (10/02)

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 2/23/03 352-955-6701