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NÖNPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

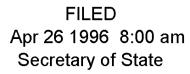
1996

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SAWBUCK HOMEOWNER'S ASSOCIATION, INC.





| Principal Place of Business Mailing Address  |                               |  |                    |  | I 18841 18818 BENEV HUBBA FALIA 1884  | ALIN DIBN BIBN BUBN BIBN | A BABA BIDII I <b>eb</b> i |  |
|--|-------------------------------|--|--------------------|--|---|--------------------------|----------------------------|--|
| 11635 NW 1ST AVE 11635 NW 1ST AVE GAINESVILLE FL 32607 GAINESVILLE FL 32607  |                               |  | ,                  |  |   |                          |                            |  |
|  |                               |  |                    |  | 3. Date Incorporated or Qualified 01/08/1982  | 3a. Date of Last 04/17/  |                            |  |
|  | lace of Business              | 2a. Mailing Address                    |                    | 4. FEI Number<br>59-2925552                  | <del> </del> +  | Applied For              |                            |  |
| 21<br>Suite, Apt.  | # etc                         | Suite, Apt. #, etc.                    |                    | 39 292332                                    |   | Not Applicable           |                            |  |
| 22   |                               | 27                                     |                    | 5. Certificate of Status Desired             | 4 1 '   | Additional<br>Required   |                            |  |
| City & State   |                               | City & State                           |                    | 6. Election Campaign Financing               |   | May Be                   |                            |  |
| Zip  | Country Zip                   |  | Country            |  | Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199,032, |                          |                            |  |
| 24   | 25                            | 29 30                                  |                    |  | Florida Statutes  |                          |                            |  |
|  | 9. Name and Address of Currer | <del></del>                            |                    | 10. Name and Address of New Registered Agent |   |                          |                            |  |
|  |                               |  | Name               |  |   |                          |                            |  |
| CURTIS, JOHN M   |                               |  |                    | Street A                                     | treet Address (P.O. Box Number is Not Acceptable)   |                          |                            |  |
| 11635 NW 1ST AVE   |                               |  |                    | SHEEL  | Rdoress (F.O. Box Normber is Not Acceptable   | ,                        |                            |  |
| GAINES   | SVILLE FL 32607               |  | 83                 |  |   |                          |                            |  |
|  |                               |  | 84                 | City   |   | 85 Zi                    | p Code                     |  |
| 44 5   |                               |  |                    |  |   | - FL   '  '              | <b></b>                    |  |
| 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, Sections 617.0503. Florida Statutes. |                               |  |                    |  |   |                          |                            |  |
| SIGNATURE  |                               |  |                    |  |   |                          |                            |  |
|  |                               |  |                    | il signature red                             | quired when reinstating)  | DATE                     | 550 11146                  |  |
| TOTLE  | A.S.                          |  | 13.                | т  | ADDITIONS/CHANGES TO OFFIC  | Change                   | Addition                   |  |
| NAMÉ   | CURTO IOUNIA                  |  | 1.2 NAME           |  |   | C crange                 | ☐ Yaquiqui                 |  |
| STREET ADDRESS   | 11635 NW 1ST AVE              |  | 1.3 STREET ADDRESS |  |   |                          |                            |  |
| CITY-ST-ZIP  | GAINESVILLE, FL 00000         |  | 1.4 C(TY - 5       |  |   |                          |                            |  |
| TITLE  | SD SD                         | DELETE                                 | 2.1 TITLE          | 11-211                                       |   | ☐ Change                 | Addition                   |  |
| NAME   | CURTIS, GAIL W                |  | 2.2 NAME           |  |   |                          |                            |  |
| STREET ADDRESS   | 11635 NW 1ST AVE              |  | 2.3 STREET         | ADDRESS                                      |   |                          |                            |  |
| CITY-ST-ZIP  | CANICOULE EL COCCO            |  | 2. 4 CITY -        |  |   |                          |                            |  |
| TITLE  | D                             | DELETE                                 | 3.1 TITLE          | 21-211                                       |   | Change                   | Addition                   |  |
| NAME   | TEISS, DAVID                  | _                                      | 3.2 NAME           |  |   |                          | -                          |  |
| STREET ADDRESS   | 11619 N.W. 2ND AVENUE         |  | 3.3 STREET         | ADDRESS                                      |   |                          |                            |  |
| CITY - ST - ZIP  | GAINESVILLE FL                |  | 3.4. CITY-         | ST-ZIP                                       |   |                          |                            |  |
| TITLE  | D                             | <b>₩</b> DELETE                        | 4.1 TITLE          |  |   | ☐ Change                 | Addition                   |  |
| NAME   | HUNGSINGER, EDWARD            |  | 4. 2 NAME          |  |   |                          |                            |  |
| STREET ADDRESS   |                               |  | 4.3 STREET         | ADDRESS                                      |   |                          |                            |  |
| CITY-ST-ZIP  | GAINESVILLE FL                | · · · · · · · · · · · · · · · · · · ·  | 4.4 CITY - 9       | T-ZIP  |   |                          |                            |  |
| TITLE  |                               | DELETE                                 | 5.1 TITL€          | _  | 30000179  | 7 D B 6400               | Addition                   |  |
| NAME   |                               |  | 5.2 NAME           | _  | 30000179<br>-04/26/960110   | 017                      |                            |  |
| STREET ADDRESS   |                               |  | 5.3 STREET         | ADDRESS                                      | ***61.25  |                          |                            |  |
| CITY-ST-ZIP  | <u> </u>                      | —————————————————————————————————————— | 5.4 CITY - S       | T-ZIP  |   |                          |                            |  |
| TITLE  |                               | □ DELETE:                              | 6.1 TITLE          |  |   | Change                   | Addition                   |  |
| NAME   |                               |  | 6.2 NAME           |  |   |                          | 1 Air                      |  |
| STREET ADDRESS   |                               |  | 6.3 STREET         |  |   |                          | W.W                        |  |
| CITY-ST-ZIP  |                               |  | 6.4 CITY - S       | T-ZIP  | if for the averaging state is Destruction   | 7500                     | · \\                       |  |

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 chapters or on an attachment with an address.

**SIGNATURE:** 

John M. Curtis

4/22/96 352-332-0838