FILE NOW: FILING FEE IS \$61.25

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NONPROFIT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 14 PM 3: 06 DOCUMENT # 761395 (3)SAWBUCK HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 11635 NW 1ST AVE 11635 NW 1ST AVE 3. Date Incorporated or Qualified **GAINESVILLE FL 32007** GAINESVILLE FL 32607 01/08/1982 4. FEI Number Applied For 59-2925552 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 ☐ No 28 Yes Zip Zip Country Country 6. This corporation owes or has paid the current year Intangible 24 25 30 Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CURTIS, JOHN M **B2** Street Address (P.O. Box Number is Not Acceptable) 11635 NW 1ST AVE **GAINESVILLE FL 32607** 83 84 City Zip Code 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, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPT TITLE DELETE 1.1 TITLE Change Addition NAME CURTIS. JOHN M 1.2 NAME 11635 NW 1ST AVE STREET ADDRESS 1.3 STREET ADDRESS 700002495307. GAINESVILLE, FL 00000 CITY-ST-ZIP 1.4 City-St-ZiP 04/21/98-010 Shange 010 Addition DELETE TITLE 2.1 TITLE ****B1.25 **CURTIS, GAIL W** NAME 2.2 NAME STREET ADDRESS 11635 NW 1ST AVE 2.3 STREET ADDRESS Gainesville, FL 00000 CITY-ST-ZIP 2.4 City-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition TEISS, DAVID NAME 3.2 NAME 11619 N.W. 2ND AVENUE STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 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 changed, or an antachment with an address.

04/09/98

352-332-0838

John M. Curtis