

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761395

1. Corporation Name

SAWBUCK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

11635 NW 1ST AVE  
GAINESVILLE FL 32607

Mailing Address

11635 NW 1ST AVE  
GAINESVILLE FL 32607



99 APR 12 PM 3: 33

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/08/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2925552	
24 Country		30 Country		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CURTIS, JOHN M 11635 NW 1ST AVE GAINESVILLE FL 32607				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 100002842951-1	
				84 City	
				*****61 25 80 4/19/99-01002-005	
				FL	

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPY	1.1 TITLE	P/D
NAME	CURTIS, JOHN M	1.2 NAME	Curtis, John M
STREET ADDRESS	11635 NW 1ST AVE	1.3 STREET ADDRESS	11635 NW 1st Ave
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE	SD	2.1 TITLE	T/D
NAME	CURTIS, GAIL W	2.2 NAME	Curtis, Gail W
STREET ADDRESS	11635 NW 1ST AVE	2.3 STREET ADDRESS	11635 NW 1st Ave
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE	D	3.1 TITLE	S/D
NAME	TEISS, DAVID	3.2 NAME	Barnes, George
STREET ADDRESS	11619 N.W. 2ND AVENUE	3.3 STREET ADDRESS	206 NW 117th Way
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Teiss, Laraine
STREET ADDRESS		4.3 STREET ADDRESS	11619 NW 2nd Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Hazen, Doug
STREET ADDRESS		5.3 STREET ADDRESS	11626 NW 2nd Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE		6.1 TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Curtis 03/29/99

352-332-0838

Daytime Phone #

0011456

CR2E037 (11/98)