

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 24 PM 5:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 761395

1. Entity 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

*[Handwritten Signature]*



01212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2925552

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CURTIS, JOHN M  
11635 NW 1ST AVE  
GAINESVILLE, FL 32607

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, JOHN M 11635 NW 1ST AVE GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURTIS, GAIL W 11635 NW 1ST AVE GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAVLIC, STEVE 10827 N.W. 15TH PLACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, CHARLES 111 N.W. 116TH WAY GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZEN, DOUG 11626 N.W. 2ND AVENUE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300029936393  
03/05/04--01011--024 \*\*70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Curtis  
President

01/28/04 352-332-0838

Date

Daytime Phone #