

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

*PK*

**FILED**  
05 APR 18 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01182005 No Chg-NP

CR2E037 (10/03)

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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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

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

400054001284  
05/06/05--01038--016 \*\*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, 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

04/11/05 352-332-0838

Date

Daytime Phone