

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # 761395

1. Entity Name
SAWBUCK HOMEOWNER'S ASSOCIATION, INC.



2006 APR 19 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11635 NW 1ST AVE
GAINESVILLE, FL 32607

Mailing Address
11635 NW 1ST AVE
GAINESVILLE, FL 32607



03012006 No Chg-NP CR2E037 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

500072289305
04/27/06--01017--005 **70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John M. Curtis
President

04/17/06 352-332-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #