


2007 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
--	--

DO NOT WRITE IN THIS SPACE

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	

DO NOT WRITE
IN THIS SPACE

FILED

07 APR 16 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2925552	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	-----------------------------------

BK

500101769365
05/08/07--01006--025 **70.00

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	3/30/2007	352-332-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #