

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90038 036 ****61.25

DOCUMENT # N01000007874

1. Entity Name

SAWMILL RIDGE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

11320 N. DERRINGER CIR
JACKSONVILLE FL 32225

Mailing Address

11320 N. DERRINGER CIR
JACKSONVILLE FL 32225

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, TERESA L
11320 N. DERRINGER CIR
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Teresa Lyn Simmons

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

(NOTE: Registered Agent signature required when reinstating)

04/20/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CSICSEK, CHARLES	
STREET ADDRESS	11318 DERRINGER CIRCLE S	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GLASBRENNER, STEVE	
STREET ADDRESS	11286 BERRINGER CIR N.	
CITY-ST-ZIP	JACKSONVILLE FL 32-2254	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMMONS, TERESA L	
STREET ADDRESS	11320 N. DERRINGER CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASBRENNER, STEVE	
STREET ADDRESS	11286 BERRINGER CIR N	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA SOSKA	
STREET ADDRESS	11274 DERRINGER CIR N	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRONWYN GLASBRENNER	
STREET ADDRESS	11286 BERRINGER CIR N	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Teresa Lyn Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/04

Date

Daytime Phone #

1-800-821-8122 EXT 129