


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90003 043 ****61.25

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|--|---|---|---|---|--|
| 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 - No P.O. Box # 11274 Derringer Cir N | | 3. Mailing Address 11274 Derringer Cir N | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Jacksonville, FL | | City & State Jacksonville, FL | | | |
| Zip 32225 | | Country USA | | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 Soska, Patricia L Street Address (P.O. Box Number is Not Acceptable) 11274 Derringer Circle N City Jacksonville FL Zip Code 32225 | | |
| 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 <u>Patricia L Soska, Treasurer</u> 8/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MR. WITZEL, RICHARD 11300 SAWMILL ROAD JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Witzel, Richard 11300 Sawmill Road Jacksonville, FL 32225 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SIMMONS, TERESA L 11320 N. DERRINGER CIR JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VO Sermons, Chrysanthia 2188 Derringer Circle W Jacksonville, FL 32225 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD SOSKA, PATRICIA 11274 DERRINGER CIR N JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD GLASBRENNER, BRONWYN 11236 DERRINGER CIR N JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Patricia L Soska Patricia L Soska | | | 8/15/08 904-998-8724 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

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