2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State
04-29-2003 90059 020 ****61.25

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DOCUMENT # N01000007874

1. Entity Name
SAWMILL RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2120 DERRINGER CIRCLE W JACKSONVILLE FL 32225	2120 DERRINGER CIRCLE W JACKSONVILLE FL 32225

2. Principal Place of Business	3. Mailing Address
11320 N DERRINGER CIR	11320 N. DERRINGER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32225 Country: DUVAL	Zip: 32225 Country: DUVAL

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** — Applied For ☐ / Not Applicable ☑

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENSLEY, PATTY 2120 DERRINGER CIRCLE W. JACKSONVILLE FL 32225	Name: TERESA LYN-SIMMONS Street Address (P.O. Box Number is Not Acceptable): 11320 N. DERRINGER CIR 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: Teresa Lyn Simmons — TERESA LYN SIMMONS — 042303
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: CSICSEK, CHARLES STREET ADDRESS: 11318 DERRINGER CIRCLE S CITY-ST-ZIP: JACKSONVILLE FL 32225	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VD NAME: SHERMAN, WAYNE STREET ADDRESS: 2132 DERRINGER CIRCLE W CITY-ST-ZIP: JACKSONVILLE FL 32225	☒ Delete	TITLE: VD NAME: GLASBRENNER, STEVE STREET ADDRESS: 11286 DERRINGER CIR N. CITY-ST-ZIP: JAX., FL. 32225	☒ Change ☒ Addition
TITLE: T NAME: WOODS, PATRICIA STREET ADDRESS: 11291 DERRINGER CIRCLE N CITY-ST-ZIP: JACKSONVILLE FL 32225	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: SD NAME: BARBER, WENDY STREET ADDRESS: 2192 DERRINGER CIRCLE W CITY-ST-ZIP: JACKSONVILLE FL 32225	☒ Delete	TITLE: SD NAME: TERESA LYN SIMMONS STREET ADDRESS: 11320 N. DERRINGER CIR CITY-ST-ZIP: JACKSONVILLE, FL 32225	☑ Change ☒ Addition
TITLE: D NAME: HENSLEY, PATTY STREET ADDRESS: 2120 DERRINGER CIRCLE W CITY-ST-ZIP: JACKSONVILLE FL 32225	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED — Teresa Lyn Simmons — TERESA LYN SIMMONS — 042303 — 1-800-321-5133 Extn 8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #