

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90014 039 ****61.25

DOCUMENT # N04000000687

1. Entity Name
SUWANNEE COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**114 NE FIRST STREET
TRENTON, FL 32693**

Mailing Address
**POST OFFICE BOX 308
TRENTON, FL 32693**

2. Principal Place of Business - No P.O. Box #
1731 NW 6TH STREET

3. Mailing Address
PO BOX 14506

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.

02162007 Chg-NP CR2E037 (12/06)



City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

4. FEI Number
20-2742272

Applied For
Not Applicable

Zip
32609

Country
ALACHUA

Zip
32604

Country
ALACHUA

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

6. Name and Address of Current Registered Agent

**BURT, THEODORE M
114 NE FIRST STREET, PO BOX 308
TRENTON, FL 32693**

7. Name and Address of New Registered Agent

Name
WESTON BAUR/ED BAUR MANAGEMENT INC.

Street Address (P.O. Box Number is Not Acceptable)
DBA FLORIDA COMMUNITY MANAGEMENT

1731 NW 6TH STREET SUITE A

City **GAINESVILLE** **FL** Zip Code **32609**

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

[Signature]

3-8-07

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

(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. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHORE, FREDRIC R
13410 NW 49TH AVENUE
GAINESVILLE, FL 32606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BURT, THEODORE M
114 NE FIRST STREET, PO BOX 308
TRENTON, FL 32693** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WHITE, JOB
10216 SW 49TH LANE
GAINESVILLE, FL 32608** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #