2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N0400000687 1. Entity Name SUWANNEE COVE CONDOMINIUM ASSOCIATION, INC.							007 90014 03		
Principal Place of Business Mailing Address 114 NE FIRST STREET POST OFFICE BOX 308 TRENTON, FL 32693 TRENTON, FL 32693									
l		B. Mailing Address PO BOX 14506				 			
Suite, Apt. #, etc. SUITE Å		Suite, Apt. #, etc.			02162007	Chg-NP	CR2E037 (1	12/06)	
City & State GAINESVILLE FL		City & State GAINESVILLE FL			4. FEI Numbe 20-2742	2272		 	plied For t Applicable
^{Zip} 32609	Country ALACHUA	^{Zip} 32604	Country ALACHUA		5. Certificate	of Status Desired		75 Add Require	
	6. Name and Address of Current f	Registered Agent			7. Name and	Address of New	Registered Ager	nt	
Name and Address of Current Registered Agent									
BURT, THEODORE M 114 NE FIRST STREET, PO BOX 308				WESTON BAUR/ED BAUR MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) DBA FLORIDA COMMUNITY MANAGEMENT					
TRENTON, FL 32693						REET SUIT		Τ	
			City		VILLE	KEEL SOL		Zip Code	609
	named entity submits this statement for	the purpose of changing its				n, in the State of F	Forida. I am famil		
	William Bonn					•	3-8-07		,
SIGNATURE .	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE	Registered Agent signatur	re required	when reinstating)	••	DATE		<u> </u>
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signatur	re required	when reinstating)				
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	···	paign Financing		when reinstating) \$5.00 May Be Added to Fees	<u> </u>		yable t	
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Bo Added to Fees	<u> </u>	DATE Make check pa orlda Departme	yable to	ate
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-5 Date

Daytime Phone #