2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 07, 2006 8:00 am Secretary of State DOCUMENT # N05000009096 1. Entity Name 03-24-2006 90026 023 ****61.25 SUWANNEE SPRINGS STATION HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Maiting Address 8588 US HIGHWAY 90 LIVE OAK FL 32060 8588 US HIGHWAY 90 66009000 LIVE OAK FL 32060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FÉI Number Applied For 0106 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired ~ D Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HATFIELD, FRED J III Street Address (P.O. Box Number is Not Acceptable) 8588 US HIGHWAY 90 LIVE OAK FL 32060- --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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 244 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TIFLE ☐ Change ☐ Add:tion HATFIELD, FRED J III NAM[NAMI 8588 US HIGHWAY 90 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LIVE OAK FL 32060 CITY-S1-ZIP DDE ☐ Delete THLE Change ☐ Add:tion NAME HATFIELD, SHANA G NAME 8588 US HIGHWAY 90 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LIVE OAK FL 32060 CITY-SI-ZIP TULE Delete: TIFLE Change ☐ Addition NAME HILL, JOHN W NUVE STREET ADDRESS 1105 W HOWARD ST STREET ADDRESS CITY-ST-7IP LIVE OAK FL 32064 CITY-ST-ZIP TITLE Delete TETT F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y-51-21P CITY-ST-ZIP TITLE Delete MLE Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED