

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009096

1. Entity Name
**SUWANNEE SPRINGS STATION HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**8588 US HIGHWAY 90
LIVE OAK, FL 32060**

Mailing Address
**8588 US HIGHWAY 90
LIVE OAK, FL 32060**



04132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0641160

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HATFIELD, FRED J III
8588 US HIGHWAY 90
LIVE OAK, FL 32060**

**DO NOT WRITE
IN THIS SPACE**

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, 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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | HATFIELD, FRED J III |
| STREET ADDRESS | 8588 US HIGHWAY 90 |
| CITY-STATE-ZIP | LIVE OAK, FL 32060 |
| TITLE | ST |
| NAME | HATFIELD, SHANA G |
| STREET ADDRESS | 8588 US HIGHWAY 90 |
| CITY-STATE-ZIP | LIVE OAK, FL 32060 |
| TITLE | V |
| NAME | HILL, JOHN W |
| STREET ADDRESS | 1105 W HOWARD ST |
| CITY-STATE-ZIP | LIVE OAK, FL 32064 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

U00000714428
04/27/07-80022-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Fred J. Hatfield, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/07

Date

386-364-1234

Daytime Phone #