


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N06000011536**

1. Entity Name  
**SUWANNEE PINE MEADOWS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**672 E. DUVAL ST.  
 LAKE CITY, FL 32055**

Mailing Address  
**672 E. DUVAL ST.  
 LAKE CITY, FL 32055**

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-8293259</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KHACHIGAN, MARTHA JO  
 672 E. DUVAL ST.  
 LAKE CITY, FL 32055**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000790536  
 01/23/08-80037-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHACHIGAN, MARTHA JO 362 N.W. STREAMSIDE CT. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, AUDREY S 1826 S.E. S.R. 47 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, SUE D 421 S.W. HARMONY LANE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Sue D. Lane **Sue D. Lane** 1-16-08 386-752-4339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #