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

01152008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-8293259
☐ Applied For
☐ Not Applicable

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

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

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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: 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 #