FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

97 APR 21 AH 8: 51 DOCUMENT # N20406 SAWBUCK II HOMEOWNER'S ASSOCIATION. INC. Principal Place of Business Mailing Address C/O JOHN M. CURTIS 11635 N.W. 1ST AVENUE C/O JOHN M. CURTIS 11635 N.W. 1ST AVENUE GAINESVILLE FL 32607-1114 GAINESVILLE FL 32607 Date incorporated or 04/29/1987 Date of Last Report 04/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2925145 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CURTIS, JOHN M. 82 Street Address (P.O. Box Number is Not Acceptable) 11635 N.W. 1ST AVENUE 83 **GAINESVILLE FL 32607** 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE 1.1 TITLE Change Addition TITLE CURTIS, JOHN M. 1.2 NAME NAME 11635 N.W. 1ST AVENUE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE CURTIS, GAIL W. NAME 2.2 NAME STREET ADDRESS 11635 N.W. 1ST AVENUE 2.3 STREET ADDRESS CITY - ST - ZIP **GAINESVILLE FL** 2.4 CITY-ST-ZIP 200002155262 Addition ☐ DELETE TITLE 3.1 TITLE NAME TOSKES, PATRICIA 3.2 NAME -04/25/97--01071--013 *****61.25 *****61.2 202 NW 114TH WAY STREE CADORESS 3.3 STREET ADDRESS ****61.25 GAINESVILLE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE HUNSINGER, EDWARD NAME **4.2 NAME** 111 NW 116TH WAY STREET ADDRESS 4.3 STREET ADDRESS **GAINESVILLE FL** 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZiP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 regulred by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6.3 if chapter 6.

SIGNATURE:

SHATTURE HEGHRED BIGNATURE AND TYPEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

John M. Curtis

SECRETARY OF STATE DIVISION OF CORPORATIONS

4/14/97 352-332-0838

Daytime Phone #0011120