

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

- I CONCENSE MAN BENTA BOLLO NICOLO NOLLO NALLE ELOCO DE DE REGIO DE DES CARELOS DE CARLOS DE CONTRACES DE CAR

99 APR 12 PM 3: 34

DOCUMENT # N20406

1. Corporation Name

SAWBUCK II HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	\$
C/O JOHN M. CURTIS 11635 N.W. 1ST AVENUE GAINESVILLE FL 32607	

Mailing Address

C/O JOHN M CURTIS

635 N.W. 1ST AVENUE NINESVILLE FL 32607	11635 N.W. 1ST AVENUE Gainesville Fl 32607	

2.	Principal Place of Business	2a. N	2a. Mailing Address		3. Date Incorporated or Qualifed 04/29/1987			
21		26	26		<u>ज्याद्वावण</u>			
	Suite, Apt. #, etc.	s	Suite, Apt. #, etc.		FEI Number	Applied For		
22		27	27		59-2925145	Not Applicable		
	City & State		City & State		Certificate of Status Desired	\$8.75 Additional		
23			s			Fee Required		
	Zip Country	Ž	country Country	6.	Election Campaign Financing	\$5.00 May Be		
24	25	29	30		Trust Fund Contribution	Added to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name				
	CURTIS, JOHN M. 11635 N.W. 1ST AVENUE			Street Address (F	P.O. Box Number is Not Acceptable)			
GAINESVILLE FL 32607			83					
			84	City	FL	85 Zip Code		

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 red	puired when reinstaling) DATE		
12.	OFFICERS AND DIREC	·· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1 1 TOTLE		Change	Addition
NAME	CURTIS, JOHN M.		12 NAME	300002842		
STREET ADDRESS	11635 N.W. 1ST AVENUE		1.3 STREET ADORESS	-04/19/99		
CITY-ST-ZIP	GAINESVILLE FL		14 CITY-ST-ZIP	*****61.25		
TITLE	SD	☐ DELETE	21 TITLE		Change	Addition
NAME	CURTIS, GAIL W.		22 NAME			
STREET ADDRESS	11635 N.W. 1ST AVENUE		23 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		2 4 CITY-ST-ZIP			
TITLE	D	DELETE	3 1 TITLE		Change	☐ Addition
NAME	TOSKES, PATRICIA		32 NAME			
STREET ADDRESS	202 NW 114TH WAY		3 3 STREET ADORESS	1		
CITY-ST-ZIP	GAINESVILLE FL	***	34. CITY-ST-ZIP	h_/		
TITLE	D	☐ DELETE	4 1 TITLE	171	Change	Addition
NAME	HUNSINGER, EDWARD		4 2 NAME)		
STREET ADDRESS	111 NW 116TH WAY		4.3 STREET ADDRESS	\ \ \		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE	411249	Change	☐ Addition
NAME			5.2 NAME	1, ,,,		
STREET ADORESS			53 STREET ADDRESS	·		
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE		Change	☐ Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP			

14. I 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 required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Curtis

03/29/99 352-332-0838