2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N20406

1. Entity Name
SAWBUCK II HOMEOWNER'S ASSOCIATION, INC.

FILED
05 APR 18 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2925145
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIS, JOHN M.
11635 N.W. 1ST AVENUE
GAINESVILLE, FL 32607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CURTIS, JOHN M.
STREET ADDRESS	11635 N.W. 1ST AVENUE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	SD
NAME	CURTIS, GAIL W.
STREET ADDRESS	11635 N.W. 1ST AVENUE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	TOSKES, PATRICIA
STREET ADDRESS	202 NW 114TH WAY
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	MONACO, PAM
STREET ADDRESS	119 N.W. 114TH WAY
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	RENTZ, RICHARD
STREET ADDRESS	119 N.W. 114TH WAY
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700054001257
05/06/05--01038--015 **70.00

DO NOT WRITE IN THIS SPACE

12. 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 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 ... changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ John M. Curtis President 04/11/05 052-332-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #