

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # N20406

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



2006 APR 19 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



03012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CURTIS, JOHN M.
11635 N.W. 1ST AVENUE
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CURTIS, GAIL W.
11635 N.W. 1ST AVENUE
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOSKES, PATRICIA
202 NW 114TH WAY
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MONACO, PAM
119 N.W. 114TH WAY
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RENTZ, RICHARD
119 N.W. 114TH WAY
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200072289252
04/27/06--01017--004 **70.00

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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: _____

John M. Curtis
President

04/17/06 352-332-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #