

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N20406	
1. Entity 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 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607
---	---

FILED

07 APR 16 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



03272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2925145	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$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, 2007**

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	

BK 200101759212
05/08/07--01006--022 **70.00

**DO NOT WRITE
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Curtis
President

3/30/2007

352-332-0838

Date

Daytime Phone #