

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0010550

DOCUMENT # N20406

1. Entity Name

SAWBUCK II HOMEOWNER'S ASSOCIATION, INC.



FILED

03 APR 18 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300017084263
CITY-ST-ZIP 04/25/03--01026--018 **70.00

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE SIGNATURE REQUIRED John M. Curtis
President

04/16/03

352-332-0838

CR2E037 (10/02)