2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # N28441 1. Entity Name SUBURBAN HEIGHTS ASSOCIATION, INC.					03-01-2006 90038 010 ****61.25							
Principal Place of Business C/O ED WOLCOTT 4624 N. W. 17TH PLACE GAINESVILLE, FL 32605		Mailing Address C/O ED WOLCOTT 4624 N. W. 17TH PLACE GAINESVILLE, FL 32605				#8##	II *** I					
2. Principal Place of Business		3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01062006	Chg-NP	CR2E0	037 (11/05)				
City & State	e	City & State			4. FEI Numbe 59-293	7087			plied For t Applicable			
Zip	Country	Zip	Country			of Status Desire		\$8.75 Add Fee Require				
	6. Name and Address of Current	Registered Agent +	Name		7. Name and	Address of Ne	w Registered	Agent				
WOLCOTT, EDWARD O. 4624 N. W. 17TH PLACE GAINESVILLE, FL 32605				vame Street Address (P.O. Box Number is Not Acceptable)								
			City				FI	L Zip Cod	e			
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												
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	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co		<u></u>	\$5.00 May B Added to Fees		3 Make cheo Florida Depa	ck payable to ortment of Si	o tate			
10.	Due by May 1, 2006 OFFICERS AND DI	Trust Fund Co	ntribution.	<u> </u>	Added to Fees	ANGES TO OFF	3 Make cheo Florida Depa	ortment of Si	tate			
10. TITLE NAME	Due by May 1, 2006 OFFICERS AND DI	Trust Fund Co	ontribution.	PD.	Added to Fees DDITIONS/CH.	ANGES TO OFF	Make che Florida Depa ICERS AND D	ck payable to ortment of S	o tate			
TITLE	Due by May 1, 2006 OFFICERS AND DI	Trust Fund Co	11.	PD.	Added to Fees DDITIONS/CH.	ANGES TO OFF	Make che Florida Depa ICERS AND D	ortment of Si	tate			
TITLE NAME	Due by May 1, 2006 OFFICERS AND DI PD NIFSEN, DON 1321 NW 49TH TERRACE GAINESVILLE, FL 32605	Trust Fund Co	11. IIILE NAME	PD. WAGE	Added to Fees DDITIONS/CH.	ANGES TO OFF	Make cher Florida Depa ICERS AND D	ortment of Si	o Late 110 Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD NIFSEN, DON 1321 NW 49TH TERRACE GAINESVILLE, FL 32605	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. WAGE	Added to Fees DDITIONS/CH.	ANGES TO OFF	Make cher Florida Depa ICERS AND D	ortment of Si	tate			
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TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006 OFFICERS AND DI PD NIFSEN, DON 1321 NW 49TH TERRACE GAINESVILLE, FL 32605 TD WOLCOTT, ED 4624 N.W. 17TH PLACE GAINESVILLE, FL D WAGNER, MARGARET 5012 NW 15TH PL	Trust Fund Co	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD. WAGE 5012 6AIME	POLLARI	ANGES TO OFF 46 ART? 15 Place FL 321	Make cher	ck payable to the control of Signature of Si	Addition			
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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:	_SI West	T SO Wolcott	Feb 27, 2001	6 352-376-3034
	SIGNATURE AND TYPED OR PRINTED N	ME OF SIGNING OFFICER OR DIRECTOR	Date	Daytme Phone #