

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28441

FILED
Jan 08, 2007
Secretary of State

Entity Name: SUBURBAN HEIGHTS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ED WOLCOTT
4624 N. W. 17TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

C/O ED WOLCOTT
4624 N. W. 17TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-2937087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLCOTT, EDWARD O.
4624 N. W. 17TH PLACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

WOLCOTT, EDWARD O.
4624 N. W. 17TH PLACE
GAINESVILLE, FL 32605 US

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.

SIGNATURE: EDWARD O. WOLCOTT 01/08/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WAGNER, MARGARET
Address: 5012 NW 15TH PL
City-St-Zip: GAINESVILLE, FL 32609

Title: TD () Delete
Name: WOLCOTT, ED,
Address: 4624 N.W. 17TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: BALLARD, JIM
Address: 4511 NW 20TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: ELLSWORTH, RAQUEL
Address: 4921 NW 18TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WOLCOTT, EDWARD O
Address: 4624 N.W. 17TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: D (X) Change () Addition
Name: POLLARD, JIM
Address: 4511 NW 20TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: SD (X) Change () Addition
Name: ALARID, JOANN
Address: 4926 NW 15TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD O. WOLCOTT TD 01/08/2007

Electronic Signature of Signing Officer or Director Date