

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28441

FILED  
Jan 20, 2008  
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:**

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: \_\_\_\_\_

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, EDWARD O  
Address: 4624 N.W. 17TH PLACE  
City-St-Zip: GAINESVILLE, FL

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: WAGNER, MARGARET  
Address: 5012 NW 15TH PL  
City-St-Zip: GAINESVILLE, FL 32609

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

Title: PD (X) Change ( ) Addition  
Name: DOMENECH, TONY  
Address: 4926 NW 20TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD (X) Change ( ) Addition  
Name: NORDLIE, ESTHER  
Address: 5013 NW 16TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify 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 WOLCOTT

TD

01/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date