

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28441

FILED
Jan 06, 2010
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: VPD
Name: DIMITRI, DIANN
Address: 5015 NW 19TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: TD
Name: WOLCOTT, EDWARD O
Address: 4624 N.W. 17TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: PD
Name: SCHOAFF, PAUL
Address: 4623 NW 16TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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

Title: VPD
Name: WAGENER, MARGARET
Address: 5012 NW 15TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

SIGNATURE: EDWARD O WOLCOTT

TD

01/06/2010

Electronic Signature of Signing Officer or Director

Date