NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9800001296

1. Corporation Name

CANNON HEIGHTS OWNER'S ASSOCIATION, INC.

Principal Place of Business 11635 NW 1 AVE **GAINESVILLE FL 32607**

Mailing Address

11635 NW 1 AVE GAINESVILLE FL 32607



99 APR 12 PH 3: 22



	cipal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed	
21		26				03/05/1998	
Suite, Apt	. #, etc.	Suite, Apt	. #, etc.			4. FEI Number X Applied For	
22		27				Not Applicable	
City & Sta	te	City & Sta	ite			5. Certificate of Status Desired 343 \$8.75 Additional	
23		28				Fee Required	
Zip 24	Country	Zip		Country		6. Election Campaign Financing \$5.00 May Be	
24	25	[29]	30	<u>. </u>		Trust Fund Contribution Added to Fees	
	9. Name and Address of Curre	nt Registered Agei	<u> </u>	81		10. Name and Address of New Registered Agent Name	
OLIPPIO TOTAL APP				of Name			
CURTIS, JOHN M SR.				82 Street Address (P.O. Box Number is Not Acceptable)			
11635 NW 1 AVE GAINESVILLE FL 32607				83			
GAINESV	ILLE FL 3260/			163			
				84	Cit	City 85 Zip Code	
				[]		FL 1 1	
office or	to the provisions of Sections 617.050 registered agent, or both, in the State)2 and 617.1508, FI of Florida. Such ch	orida Statutes, t ange was autho	lhe above rized by I	-nar	-named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE							
12.	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE Regi	13.	signa	signature required when reinstating) DATE ADDITIONS OF TO OFFICE SO AND DIFFERENCE AND DIFFERE	
TITLE	DST		DELETE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	CURTIS, GAIL W	L-J		1.1 TITLE		☐ Change ☐ Addition	
NAME	4400F 1844 4 114			1.2 NAME			
STREET ADDRESS				13 STREET			
CITY-ST-ZIP	GAINESVILLE FL 32607		00.00	1.4 CITY-ST	ZIP.		
TITLE	, - -	Ц		21 TITLE		☐ Change ☐ Addition	
NAME	CURTIS, JOHN M SR.			2.2 NAME		grammy production and a state of the state o	
STREET ADDRESS	11635 NW 1 AVE			23STREET	ADDR		
CITY-ST-ZIP	D) /		2 4 CITY-ST-ZIP				
TITLE			3.1 TITLE		*************************************		
NAME				3.2 NAME			
STREET ADDRESS				33 STREET	ADOR	ADORESS	
CITY-ST-ZIP	MACCLENNY FL 32063			34. CITY-ST	ZIP	ZIP	
TITLE			DELETE	4 1 TITLE		Change Addition	
NAME			J -	4. 2 NAME		171	
STREET ADDRESS			.	4.3 STREET	NDDR	ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-	ZIP	ZIP	
TITLE			DELETE	5.1 TITLE		Change Addition	
NAME			<u> </u>	5.2 NAME		4/12/16/	
STREET ADDRESS			<u> </u>	53 STREET A	NDOR	IDORESS 111 179	
CITY-ST-ZIP				54 CITY-ST-	ZΡ	ZIP \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
TITLE	-		DELETE	61 TITLE		☐ Change ☐ Addition .	
NAME				62 NAME			
STREET ADDRESS	l			63STREET A	DDRI	ODRESS .	
CITY-ST-ZIP			6	6 4 CITY-ST-	ZIΡ	ZIP .	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Curtis

03/29/99

352-332-0838