

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001296

1. Entity 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

**FILED**  
04 AUG -9 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3631146

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CURTIS, JOHN M SR.  
11635 NW 1 AVE  
GAINESVILLE, FL 32607

**DO NOT WRITE  
IN THIS SPACE**

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.

300040224783  
08/17/04--01004--003 \*\*70.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LANE, KEITH  
STREET ADDRESS 6861 ODIS YARBOROUGH ROAD  
CITY - ST - ZIP GLEN ST. MARY, FL 32040

TITLE D  
NAME CURTIS, JOHN M SR.  
STREET ADDRESS 11635 NW 1 AVE  
CITY - ST - ZIP GAINESVILLE, FL 32607

TITLE VD  
NAME ALLEN, MICHAEL  
STREET ADDRESS 7001 ODIS YARBOROUGH ROAD  
CITY - ST - ZIP GLEN ST. MARY, FL 32040

TITLE STD  
NAME LANE, JANET  
STREET ADDRESS 7107 ODIS YARBOROUGH ROAD  
CITY - ST - ZIP GLEN ST. MARY, FL 32040

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Curtis  
Director

8/6/04

Date

352-332-0838

Daytime Phone #