## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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## DOCUMENT # N98000001296

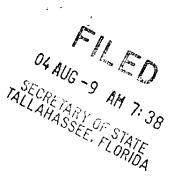
CANNON HEIGHTS OWNER'S ASSOCIATION, INC.



Principal Place of Business

11635 NW 1 AVE GAINESVILLE, FL 32607 Mailing Address

11635 NW 1 AVE GAINESVILLE, FL 32607





08062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3631146

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional 凶 Fee Required

6. Name and Address of Current Registered Agent

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



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ŏ.	Inelabove named entity submits this statement for the purpose of changing its registered office	or registered agent, or both-in-the State of Florida -t, am familiar with, and accept
	<ol> <li>The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.</li> </ol>	and accept
	the obligations of registered agent.	·
		08/17/0401004003 **70.00
		UO/11/U4==U1UH==U15 **11:111

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

 $\Box$ 

Filing Fee is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Due by September 8, 2004 10. OFFICERS AND DIRECTORS THILE NAME LANE, KEITH STREET ADDRESS 6861 ODIS YARBOROUGH ROAD CITY-ST-ZIP GLEN ST. MARY, FL 32040 TITLE NAME CURTIS, JOHN M SR. STREET ADDRESS 11635 NW 1 AVE CITY-ST-ZIP GAINESVILLE, FL 32607 TITLE 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

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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 that report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. I help by certify that the information indicated on this report or supplem of the corporation or the recei changed, or on an attach

SIGNATURE

NAME STREET AUDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/04

<u>352-332</u>-0838

Director

John M. Curtis