

2005 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

BK

FILED
05 APR 18 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

59-3631146

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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.

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900054001159
05/06/05--01038--013 **70.00

**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, 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

04/11/05 352-332-0838

Date

Daytime Phone #