

# 2007 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**  
07 APR 24 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3631146

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

BK

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME **400102065854**  
STREET ADDRESS **05/10/07--01005--004 \*\*70.00**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Director

John M. Curtis

SIGNATURE:

04/20/07

352-332-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #