

## **DBPR On-Line Services**

If you need to mail additional information to DBPR please include this coversheet.

License Type: **Homeowner Association Reporting**

Application Type: **Homeowner Association Reporting**

File Number: **13814**

Application Number: **13814**

License Number:

Application Date: **01/03/2014 (mm/dd/yyyy)**

Organization Name: **Steinhatchee Ancient Oaks Property Owners**

If you have any questions, please call the the Customer Contact Center at (850) 488 - 1122.

State of Florida  
Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399

## Application Summary

Thank you for submitting the required Homeowner Association Reporting information.

### Profession

License Type:	<b>Homeowner Association Reporting</b>
Application Number:	<b>13814</b>
Application Type:	<b>Homeowner Association Reporting</b>
Application Date:	<b>01/03/2014 (mm/dd/yyyy)</b>
License Number:	
File Number:	<b>13814</b>

### Organization Detail

Organization Name:	<b>Steinhatchee Ancient Oaks Property Owners Association, Inc.</b>
--------------------	--

### Addresses

#### Main Address

Address:	<b>2200 Bell Dr. PO Box 653 Steinhatchee, FL 32359</b>
----------	--

Extension:

#### License Related Addresses

##### Physical Location

Address:	<b>2200 Bell Dr. Steinhatchee, FL 32359</b>
----------	---

Extension:

### Parcel/Budget

Total number of Parcels:	<b>126</b>
--------------------------	------------

Total amount of revenues from the association annual budget (numeric only): **35,800.00**

Budget Year: **2013**

Total amount of expenses from the association annual budget (numeric only): **35,800.00**

Budget Year: **2013**

**Community Association Manager Contact**

Name: **Allen Rice**