

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007867

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** HOMEOWNER ASSOCIATIONS OF ALACHUA COUNTY, INC.

**Current Principal Place of Business:**

2070 SW 42ND LANE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 90154  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 20-1503804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLEDGER, CRAIG A  
2070 SW 42ND LANE  
GAINESVILLE, FL 32608      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: PLEDGER, CRAIG A  
Address: 2070 SW 42ND LANE  
City-St-Zip: GAINESVILLE, FL 32608

Title: DST      ( ) Delete  
Name: OJEDA, MARK  
Address: 4221 NW 59TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32653

Title: DV      ( ) Delete  
Name: MCGUFFIE, JOHN  
Address: 8335 FREEDOM CROSSING TRAIL APT 3302  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG PLEDGER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/19/2009

\_\_\_\_\_  
Date