

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000008213

1. Entity Name
HINES PLACE HOMEOWNERS ASSOCIATION, INC.



FILED
08 OCT 15 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
164 NW MADISON ST
SUITE 102
LAKE CITY, FL 32855

Mailing Address
P.O. BOX 3659
LAKE CITY, FL 32056

8/26/08 90001 048 6125



2. Principal Place of Business - No P.O. Box #
500 NW 43rd St

3. Mailing Address
Cornerstone Property Solutions
Suite, Apt. #, etc.
500 NW 43rd St. Suite 3

07112008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
Suite 3

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number
20-8751729

Applied For
Not Applicable

Zip
32607

Country

Zip
32607

Country
USA

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

CRAPPS, DANIEL
164 NW MADISON ST
SUITE 102
LAKE CITY, FL 32055

Name
Cornerstone Property Solutions of North Central FL, LLC
Street Address (P.O. Box Number is Not Acceptable)

500 NW 43rd St. Suite 3

City
Gainesville

FL

Zip Code
32607

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 Eugene Hawfler

E. J. H.

8-6-08

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 September 12, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAPPS, DANIEL P.O. BOX 3659 LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAPPS, JOSH P.O. BOX 3659 LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HICKS, VERA LISA P.O. BOX 3659 LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Placeres, Nicolas 1782 N Stewart St. Kissimmee, FL 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicolas Ayala Placeres

7/28/2008 407-847-8504

Date

Daytime Phone #

10/15/08