

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004667

**Entity Name:** FORT CLARKE OFFICE/WAREHOUSE ASSOCIATION, INC.

**FILED**  
**Feb 14, 2024**  
**Secretary of State**  
**2385461689CC**

**Current Principal Place of Business:**

CORNERSTONE MANAGEMENT SERVICES  
106 NW 33RD COURT SUITE A  
GAINESVILLE, FL 32607

**Current Mailing Address:**

CORNERSTONE MANAGEMENT SERVICES  
106 NW 33RD COURT SUITE A  
GAINESVILLE, FL 32607 US

**FEI Number: 32-0153391**

**Certificate of Status Desired: No**

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

CORNERSTONE MANAGEMENT SERVICES  
CORNERSTONE MANAGEMENT SERVICES  
106 NW 33RD COURT SUITE A  
GAINESVILLE, FL 32607 US

*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: MARIA RAMIREZ**

**02/14/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JONES, STAFFORD  
Address        CORNERSTONE MANAGEMENT  
                  SERVICES  
                  106 NW 33RD COURT SUITE A  
City-State-Zip: GAINESVILLE FL 32607

Title            D  
Name            BARNES, CHARLES  
Address        CORNERSTONE MANAGEMENT  
                  SERVICES  
                  106 A  
City-State-Zip: GAINESVILLE FL 32607

Title            VP  
Name            JONES, STEVE  
Address        CORNERSTONE MANAGEMENT  
                  SERVICES  
                  106 NW 33RD COURT SUITE A  
City-State-Zip: GAINESVILLE FL 32607

Title            SECRETARY, TREASURER  
Name            MONTANYE, STANLEY  
Address        CORNERSTONE MANAGEMENT  
                  SERVICES  
                  106 NW 33RD COURT SUITE A  
City-State-Zip: GAINESVILLE FL 32607

Title            REGISTERED AGENT  
Name            RAMIREZ, MARIA  
Address        CORNERSTONE MANAGEMENT  
                  SERVICES  
                  106 NW 33RD COURT SUITE A  
City-State-Zip: GAINESVILLE FL 32607

*I hereby 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 all other like empowered.*

**SIGNATURE: STAFFORD JONES**

**PRESIDENT**

**02/14/2024**

Electronic Signature of Signing Officer/Director Detail

Date