

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

06-12-2008 90002 019 \*\*\*\*61.25

**DOCUMENT # 754504**



1. Entity Name  
**CEDARWOOD CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**4400 NW 36TH AVENUE**  
**GAINESVILLE, FL 32606 US**

Mailing Address  
**4400 NW 36TH AVENUE**  
**GAINESVILLE, FL 32606 US**

**60044432**



2. Principal Place of Business - No P.O. Box #  
*Cornerstone Property Solutions*  
 Suite, Apt. #, etc.  
**500 NW 43<sup>rd</sup> St. Suite 3**  
 City & State  
**Gainesville, FL 32607**  
 Zip Country  
**32607 US**

3. Mailing Address  
*Cornerstone Property Solutions*  
 Suite, Apt. #, etc.  
**500 NW 43<sup>rd</sup> St. Suite 3**  
 City & State  
**Gainesville**  
 Zip Country  
**32607 US**

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2138258** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TRIPPE, PAT**  
**4400 NW 36TH AVENUE**  
**GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent  
 Name  
*Cornerstone Property Solutions*  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 NW 43<sup>rd</sup> 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 Haufler* **3-15-08**  
 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 May 1, 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	S SAMERSON, KIM 2925 NW 104TH CT GAINESVILLE, FL 32606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLES, JOHN 2925 NW 104TH COURT GAINESVILLE, FL 32606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMALL, DAVID 2925-1 NW 104 CT GAINESVILLE, FL 32606 <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
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	<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	Treasurer Matthew Boagler 2925 NW 104th Ct apt 4 Gainesville FL 32606 <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

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]* **5/15/08** **352-317-5105**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #