


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

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

06-12-2008 90002 011 \*\*\*\*61.25

**DOCUMENT # N00000003657**

1. Entity Name  
**ST. ALBAN'S WOOD OWNERS ASSOCIATION, INC.**



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

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

**60044440**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01082008 Chg-NP CR2E037 (12/06)

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 Prop. Solutions of FL, Central FL*  
 Street Address (P.O. Box Number is Not Acceptable)  
*500 NW 43<sup>rd</sup> Street, Ste 5*  
 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 *[Signature]* *Eugene Hawfler* 5-27-08  
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	PD	<input checked="" type="checkbox"/> Delete
NAME	SANDOW, CAROLINE	
STREET ADDRESS	483 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MACH, ANNETTE	
STREET ADDRESS	402 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GALLUP, CLAUDIA	
STREET ADDRESS	680 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WESSENDORF, BELLE	
STREET ADDRESS	4061 NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Robin White</i>	
STREET ADDRESS	<i>10846 NW 65<sup>th</sup> Way</i>	
CITY-ST-ZIP	<i>Gainesville, FL 32608</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Kristen Larsen</i>	
STREET ADDRESS	<i>10874 NW 65<sup>th</sup> Way</i>	
CITY-ST-ZIP	<i>Gainesville, FL</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* 5-1-08 (352) 373-2730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #