

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 02, 2009
Secretary of State**

DOCUMENT# N00000003657

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

Current Principal Place of Business:

4400 NW 36TH AVENUE
GAINESVILLE, FL 32606

New Principal Place of Business:

500 NW 43RD ST. STE. 3
GAINESVILLE, FL 32607

Current Mailing Address:

4400 NW 36TH AVENUE
GAINESVILLE, FL 32606

New Mailing Address:

500 NW 43RD ST. STE. 3
GAINESVILLE, FL 32607

FEI Number: 59-3733881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORNERSTONE PROP SOLUTIONS
500 NW 43 STREET STE 3
GAINESVILLE, FL 32606 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: EUGENE HAUFLER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WHITE, ROBIN
Address: 10846 NW 65TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: S (X) Change () Addition
Name: WHITE, ROBIN
Address: 10846 NW 65TH WAY
City-St-Zip: ALACHUA, FL 32615

Title: SD () Delete
Name: MACH, ANNETTE
Address: 402 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: P (X) Change () Addition
Name: MACH, ANNETTE
Address: 402 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: S () Delete
Name: LARSEN, KRISTEN
Address: 10874 NW 65TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: S (X) Change () Addition
Name: LARSEN, KRISTEN
Address: 10874 NW 65TH WAY
City-St-Zip: ALACHUA, FL 32615

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: ANNETTE MACH

P

11/02/2009

Electronic Signature of Signing Officer or Director

Date