


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 043 ****61.25

DOCUMENT # N01000000010 1. Entity Name THE WOODLANDS CLUSTER ASSOCIATION, INC.			
Principal Place of Business 4400 NW 36TH AVENUE GAINESVILLE, FL 32606		Mailing Address 4400 NW 36TH AVENUE GAINESVILLE, FL 32606	
2. Principal Place of Business No P.O. Box # Cornerstone Property Solutions Suite, Apt. #, etc. 500 NW 43rd St #3 City & State Gainesville FL Zip 32607		3. Mailing Address Cornerstone Property Solutions Suite, Apt. #, etc. 500 NW 43rd St Suite 3 City & State Gainesville, FL Zip 32607	
4. FEI Number 59-3750152		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 of North Central, 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 <u>Eugene Haufler</u>		DATE <u>8-6-08</u>	
Filing Fee is \$81.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, SAMUEL 805 SW 75 WAY GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEEGE, CAROL 815 SW 75 WAY GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINTZ, CHARLOTTE 909 SW 75 WAY GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWARD, CURTIS 822 SW 75 WAY GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, WILLIAM 802 SW 75 WAY GAINESVILLE, FL 32606	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"/> Delete	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: <u>Eugene Haufler</u>		Date <u>72808</u> Daytime Phone # <u>352 331 7328</u>	