2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N01000000010

Entity Name: THE WOODLANDS CLUSTER ASSOCIATION, INC.

Current Principal Place of Business:

CORNERSTONE PROPERTY SOLUTIONS
500 NW 43RD ST #3
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

CORNERSTONE PROPERTY SOLUTIONS
500 NW 43RD ST #3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3750152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS
500 NW 43RD ST SUITE 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMAS, SAMUEL
Address: 805 SW 75 WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: VP ( ) Delete
Name: STEEGE, CAROL
Address: 815 SW 75 WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: S ( ) Delete
Name: LINTZ, CHARLOTTE
Address: 909 SW 75 WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: TD ( ) Delete
Name: HOWARD, CURTIS
Address: 822 SW 75 WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: LEWIS, WILLIAM
Address: 802 SW 75 WAY
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SAMUEL THOMAS P 04/07/2009

Electronic Signature of Signing Officer or Director — Date