

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000010

FILED  
Mar 22, 2010  
Secretary of State

**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:**

500 NW 43RD STREET  
3  
GAINESVILLE, FL 32607

**Current Mailing Address:**

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

**New Mailing Address:**

500 NW 43RD STREET  
3  
GAINESVILLE, FL 32607

**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:**

CORNERSTONE PROPERTY SOLUTIONS  
500 NW 43RD STREET  
3  
GAINESVILLE, FL 32607 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 C. HAUFLE

03/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**Title:** T  
**Name:** HOWARD, CURTIS  
**Address:** 822 SW 75 WAY  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** D  
**Name:** ISAAC, ISAAC G  
**Address:** 1135 SW 75TH WAY  
**City-St-Zip:** GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

**SIGNATURE:** SAMUEL THOMAS

P

03/22/2010

Electronic Signature of Signing Officer or Director

Date