


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N03000007156</b> 1. Entity Name <b>CORNELL ONE HOMEOWNERS' ASSOCIATION, INC.</b>		
Principal Place of Business <b>1671 FRANCIS AVENUE ALTANTIC BEACH, FL 32233</b>	Mailing Address <b>1671 FRANCIS AVENUE ALTANTIC BEACH, FL 32233</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BALL, HAYWOOD M 50 NORTH LAURA STREET SUITE 2925 JACKSONVILLE, FL 32202</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDERS, EDWIN 1494 EAST BLUE HERON LANE JACKSONVILLE BEACH, FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMM, MARY-PARKER 10328 LOBLOLLY LANE SOUTH JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELLO, RALPH 152 WATER OAK DRIVE PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TACKETT, MARLENE 1101 CORNELL LANE ATLANTIC BEACH, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KORNOROSKI, RENEE 1103 CORNELL LANE ATLANTIC BEACH, FL 32233	
TITLE 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: <u>Marlene Tackett</u> <u>Marlene Tackett</u> <u>4-9-06</u> <u>904 246-9515</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03232006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**75-3044498**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

U00000508376  
04/28/06-00003-008 61.25

**DO NOT WRITE  
IN THIS SPACE**