2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N03000007156

Entity Name: CORNELL ONE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1671 FRANCIS AVENUE
ALTANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1671 FRANCIS AVENUE
ALTANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 75-3044498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALL, HAYWOOD M
50 NORTH LAURA STREET
SUITE 2925
JACKSONVILLE, FL 32202 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: D ( ) Delete
Name: BORDERS, EDWIN
Address: 1494 EAST BLUE HERON LANE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: LAMM, MARY-PARKER
Address: 10328 LOBLOLLY LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: MARCELLO, RALPH
Address: 152 WATER OAK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P ( ) Delete
Name: TACKETT, MARLENE
Address: 1101 CORNELL LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T ( ) Delete
Name: KOMOROSKI, RENEE
Address: 1103 CORNELL LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

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: RENEE KOMOROSKI T 03/17/2009

Electronic Signature of Signing Officer or Director — Date