


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90067 010 \*\*\*\*61.25

<b>DOCUMENT # N03000010185</b>	
1. Entity Name <b>COBBLESTONE HOMEOWNERS ASSOCIATION OF COLUMBIA COUNTY, INC.</b>	

Principal Place of Business <b>4400 NW 36TH AVE GAINESVILLE, FL 32606</b>	Mailing Address <b>4400 NW 36TH AVE GAINESVILLE, FL 32606</b>
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2. Principal Place of Business - No P.O. Box # <b>500 NW 43rd Street</b>	3. Mailing Address <b>500 NW 43rd Street</b>
Suite, Apt. #, etc. <b>Suite 3</b>	Suite, Apt. #, etc. <b>Suite 3</b>
City & State <b>Gainesville FL</b>	City & State <b>Gainesville FL</b>
Zip <b>32607</b>	Country <b>USA</b>



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-0742215</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>TRIPPE REALTY MANAGEMENT 4400 NW 36TH AVE GAINESVILLE, FL 32606</b>	7. Name and Address of New Registered Agent Name <b>Cornerstone Property Solutions of N.C.F.L. LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 NW 43rd Street</b> <b>Suite 3</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32607</b>
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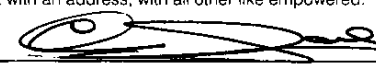
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Eugene Hauffer, Owner** **1/16/08**  
Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINELY, BETTY 557 NW BRIDGEWATER TERRACE LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Christopher Garel 163 NW Amber Ct. Lake City FL 32055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUCK, DAVID 188 AMBELSIDE DRIVE LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Steven Maiello PO Box 1256 Lake City, FL 32056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTH, DORIS 1032 ROYAL BIRKDALE LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joseph Lucden 304 NW Ambleside Dr. Lake City FL 32055 <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
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
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:  **1/16/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #