


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90001 027 ****61.25

DOCUMENT # N05000000566

1. Entity Name
CARAWAY OWNERS ASSOCIATION, INC.



Principal Place of Business
**4400 NW 36TH AVENUE
 GAINESVILLE, FL 32606**

Mailing Address
**4400 NW 36TH AVENUE
 GAINESVILLE, FL 32606**

2. Principal Place of Business - No P.O. Box #
500 NW 43rd Street

3. Mailing Address
500 NW 43rd Street

Suite, Apt. #, etc.
Suite 3

Suite, Apt. #, etc.
Suite 3

City & State
Gainesville FL

City & State
Gainesville FL

Zip
32607

Country
USA

Zip
32607

Country
USA



01082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**TRIPPE, PAT
 4400 NW 36TH AVENUE
 GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

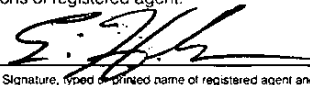
Name
Cornerstone Property Solutions of N. Central FL

Street Address (P.O. Box Number is Not Acceptable)
500 NW 43rd Street

Suite 3

City Gainesville FL Zip Code **32607**

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** **5-20-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	DYRKOLBOTN, SVEIN H	
STREET ADDRESS	20725 SW 46TH AVE	
CITY-ST-ZIP	NEWBERRY, FL 32669	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COREY, JAMES	
STREET ADDRESS	P.O. BOX 2457	
CITY-ST-ZIP	ALACHUA, FL 32616	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LAKE-COREY, JUDY	
STREET ADDRESS	P.O. BOX 2457	
CITY-ST-ZIP	ALACHUA, FL 32616	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPARRANY, KENNY	
STREET ADDRESS	5745 SW 75TH STREET, STE 157	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	S	<input type="checkbox"/> Delete
NAME	EVANS, PHIL	
STREET ADDRESS	P.O. BOX 1899	
CITY-ST-ZIP	HIGH SPRINGS, FL 32658	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Judy Lake-Corey** **5-16-2008**

Signature and typed or printed name of signing officer or director Date Daytime Phone #