## 2008 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT DOCUMENT # NOTOCOCCO



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

DOCUMENT # N0500000566  1. Entity Name CARAWAY OWNERS ASSOCIATION, INC.						06-23-2008 90001 027 ****61.25			
4400 NW 36TH AVENUE 4400			Mailing Address 4400 NW 36TH AVENUE GAINESVILLE, FL 32600	00 NW 36TH AVENUE			7.V.F.	U U W U	
4. Drive is all Di	lease of St.	DO D: #	2 Maillian Addison						
500 Nw 43rd Street 500			3. Mailling Address 43r	10 NW43rd Street			<b>   </b>      <b>    </b>	I BENIT BENIT BENET BUILD BUILD	
Suite Apr. #_etc.		Suite, Apt. #, etc. 3	Suite 3			hg-NP	CR2E037 (12/06	5)	
Gaines	sville FL	]	Gainesvill	le FL		4. FEI Number 14-195029	91		Applied For Not Applicable
3260	<u> </u>	A contract	32607	Country		5. Certificate of S	tatus Desired	□ \$8.75 / Fee Requ	
	6. Name and Add	ress of Current Re	gistered Agent			7. Name and Add	dress of New R	egistered Agent	
TRIPPE PAT					rston Nu Ltress (P	stone Property Solutions of N. Central Fl SS (P.O. Box Number is NonAcceptable) 1 N.W. 43rd Street			
Suite						ville		FL 경영	9de 07
	named entity submits ions of registered age		ne purpose of changing its	registered office or r	registere		the State of Flo		th, and accept
ine obligati	ions of registered age			,	//	口。_	_		6
SIGNATURE -	Signature, yped or printed na	ame of registered agent and	I title if applicable. (NOTE	SCHE	/ / Ca o re required v	when reinstating)		5-20-0 DATE	<i>S</i>
SIGNATURE -	Signature, speed or Bringed Dec Filling Fee Is \$6 Due by May 1, 2	1.25		paign Financing		\$5.00 May Be Added to Fees	м	DATE  DATE  ake check payable ida Department of	a to
SIGNATURE -	Filing Fee is \$6 Due by May 1, 2	1.25	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Be Added to Fees	M Flor	DATE ake check payable	a to State
•	Filing Fee is \$6 Due by May 1, 2	1.25 2008	9. Election Cam Trust Fund C	paign Financing ontribution.		\$5.00 May Be Added to Fees	M Flor	ake check payable ida Department of	e to State
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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 bits (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 impowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF STEEL ON THE COOR

5-16-208 Date

Daytime Phone #