

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000566

FILED
Apr 07, 2009
Secretary of State

Entity Name: CARAWAY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 NW 43RD STREET, SUITE 3
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET, SUITE 3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 14-1950291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS OF N CENTRA
500 NW 43RD STREET, SUITE 3
GAINESVILLE, FL 32607 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: DV () Delete
Name: DYRKOLBOTN, SVEIN H
Address: 20725 SW 46TH AVE
City-St-Zip: NEWBERRY, FL 32669

Title: DP () Delete
Name: COREY, JAMES
Address: P.O. BOX 2457
City-St-Zip: ALACHUA, FL 32616

Title: DT () Delete
Name: LAKE-COREY, JUDY
Address: P.O. BOX 2457
City-St-Zip: ALACHUA, FL 32616

Title: D () Delete
Name: SPARRANY, KENNY
Address: 5745 SW 75TH STREET, STE 157
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: EVANS, PHIL
Address: P.O. BOX 1899
City-St-Zip: HIGH SPRINGS, FL 32658

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: HUIISH, GABRIEL
Address: 3084 NW 144TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EVANS, PHIL
Address: P O BOX 1899
City-St-Zip: HIGH SPRINGS, FL 32655

Title: S (X) Change () Addition
Name: WESSENDORF, BELLE
Address: 25715 NW 176TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

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: GABRIEL HUIISH

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04/07/2009

Electronic Signature of Signing Officer or Director

Date