
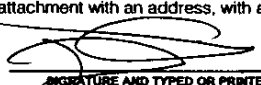


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90016 018 \*\*\*\*61.25

<b>DOCUMENT # N07000009124</b>					
1. Entity Name <b>GABLES OF COLUMBIA COUNTY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2806 W. US HIGHWAY 90, SUITE 101 LAKE CITY, FL 32055</b>			Mailing Address <b>2806 W. US HIGHWAY 90, SUITE 101 LAKE CITY, FL 32055</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>PO Box 3659</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>LAKE CITY FL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>26-2927495</b>	
<b>32056</b>	<b>USA</b>	<b>32056</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CRAPPS, DANIEL 2806 W. US HIGHWAY 90, SUITE 101 LAKE CITY, FL 32055</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
<b>FL</b>				<b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25</b> <b>Due by September 12, 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>					
10. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> Delete			
NAME	CRAPPS, DANIEL				
STREET ADDRESS	<del>2806 W. US HIGHWAY 90, SUITE 101</del>	<b>PO Box 3659</b>			
CITY-ST-ZIP	<del>LAKE CITY, FL 32055</del>	<b>32056</b>			
TITLE	DV	<input type="checkbox"/> Delete			
NAME	CRAPPS, MASTON				
STREET ADDRESS	<del>2806 W. US HIGHWAY 90, SUITE 101</del>	<b>PO Box 3659</b>			
CITY-ST-ZIP	<del>LAKE CITY, FL 32055</del>	<b>32056</b>			
TITLE	DS	<input type="checkbox"/> Delete			
NAME	HICKS, VERA L				
STREET ADDRESS	<del>2806 W. US HIGHWAY 90, SUITE 101</del>	<b>PO Box 3659</b>			
CITY-ST-ZIP	<del>LAKE CITY, FL 32055</del>	<b>32056</b>			
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
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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: 		<b>DANIEL CRAPPS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>7/8/08</b> <small>Date</small>	
				<b>386-755-5710</b> <small>Daytime Phone #</small>	

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07032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**26-2927495**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25**  
**Due by September 12, 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 DP ☐ Delete  
NAME CRAPPS, DANIEL  
STREET ADDRESS ~~2806 W. US HIGHWAY 90, SUITE 101~~ **PO Box 3659**  
CITY-ST-ZIP ~~LAKE CITY, FL 32055~~ **32056**

TITLE DV ☐ Delete  
NAME CRAPPS, MASTON  
STREET ADDRESS ~~2806 W. US HIGHWAY 90, SUITE 101~~ **PO Box 3659**  
CITY-ST-ZIP ~~LAKE CITY, FL 32055~~ **32056**

TITLE DS ☐ Delete  
NAME HICKS, VERA L  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #