

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

06-12-2008 90002 017 \*\*\*\*61.25

<b>DOCUMENT # N97000004751</b>					
<b>1. Entity Name</b> BALMORAL OF NORTH FLORIDA HOMEOWNERS ASSOCIATION, INC.				<b>60044434</b> 	
<b>Principal Place of Business</b> MANAGEMENT SPECIALISTS 4400 NW 36TH AVENUE GAINESVILLE, FL 32606 US		<b>Mailing Address</b> MANAGEMENT SPECIALISTS 4400 NW 36TH AVENUE GAINESVILLE, FL 32606 US		01082008 Chg-NP CR2E037 (12/06)  4. FEI Number 59-3567874 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>2. Principal Place of Business - No P.O. Box #</b> 500 NW 43rd St.		<b>3. Mailing Address</b> 500 NW 43rd St.			
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		Country USA		<b>6. Name and Address of Current Registered Agent</b>  TRIPPE, PAT 4400 NW 36TH AVE GAINESVILLE, FL 32606	
<b>7. Name and Address of New Registered Agent</b> Name Cornerstone Property Solutions of N. Central FL. Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd St. Suite 3 City Gainesville, FL Zip Code 32607					
<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.</b>  SIGNATURE  Eugene Haufler 5-21-08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALL, CYNTHIA <input checked="" type="checkbox"/> Delete 1308 SW 115 ST GAINESVILLE, FL 32608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, WHITNEY <input checked="" type="checkbox"/> Delete 1030 SW 115 STREET GAINESVILLE, FL 32607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUTCHKISS, WILL <input type="checkbox"/> Delete 909 SW 115TH ST GAINESVILLE, FL 32607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAWYER, MIKE <input type="checkbox"/> Delete 5000 NW 27TH CT GAINESVILLE, FL 32606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, GARY <input type="checkbox"/> Delete 1517 SW 115TH STREET GAINESVILLE, FL 32607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coleman, Richard <input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S Eisenschenk, Cindy 1401 SW 115th St. Gainesville, FL 32607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Coleman, Richard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1414 SW 115th St. Gainesville, FL 32607				
<b>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.</b>  SIGNATURE:  5-20-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					