


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90108 036 ****61.25

DOCUMENT # N99000000552 1. Entity Name CAMDEN PARK RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 4400 NW 36TH AVE GAINESVILLE, FL 32606				Mailing Address 4400 NW 36TH AVE GAINESVILLE, FL 32606	
2. Principal Place of Business - No P.O. Box # 500 NW 43rd Street		3. Mailing Address 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			
4. FEI Number 03-0418001					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MANAGEMENT SPECIALIST 4400 NW 36TH AVE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Cornerstone Property Solutions of N. Central FL LLC 500 NW 43rd St. Suite 3 Gainesville FL 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 <u><i>Eugene Haufler</i></u> Eugene Haufler, Pres. 4/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, ROBERTO 1523 NW 54 DRIVE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LOPEZ, PATRICIA 1511 NW 54 DRIVE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENIESSE, JAMES G 5425 NW 15 PLACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u><i>Eugene Haufler</i></u> 2/21/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50002562



01082008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name
Cornerstone Property Solutions of N. Central FL LLC
 Street Address (P.O. Box Number is Not Acceptable)
500 NW 43rd St.
Suite 3
 City **Gainesville** FL **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 Haufler* **Eugene Haufler, Pres.** **4/1/08**
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**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #