

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004991

**Entity Name:** KELSTON LANE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

CORNERSTONE PROPERTY SOLUTIONS OF NORTH-CENTRAL FLORIDA, LLC.  
3700 NW 91ST STREET SUITE A100  
GAINESVILLE, FL 32606

**Current Mailing Address:**

CORNERSTONE PROPERTY SOLUTIONS OF NORTH-CENTRAL FLORIDA,  
LLC.  
3700 NW 91ST STREET SUITE A100  
GAINESVILLE, FL 32606 US

**FEI Number:** 59-3315500**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

CORNERSTONE PROPERTY SOLUTIONS OF NORTH-CENTRAL FLORIDA, LLC.  
CORNERSTONE PROPERTY SOLUTIONS OF NORTH-CENTRAL FLORIDA, LLC.  
3700 NW 91ST STREET SUITE A100  
GAINESVILLE, FL 32606 US

*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:** EUGENE HAUFLE

06/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HALL, BARBARA  
Address        3700 NW 91ST STREET  
                 SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

Title            VP  
Name            RAMEY, CARL  
Address        3700 NW 91ST ST  
                 A100  
City-State-Zip: GAINESVILLE FL 32606

Title            DIRECTOR  
Name            THOMPSON, DAVID  
Address        3700 NW 91ST ST  
                 A100  
City-State-Zip: GAINESVILLE FL 32606

Title            TREASURER  
Name            ROSENBAUM, WALTER  
Address        3700 NW 91ST ST  
                 A100  
City-State-Zip: GAINESVILLE FL 32606

Title            SECRETARY  
Name            SANDERS, NANCY  
Address        3700 NW 91ST ST  
                 A100  
City-State-Zip: GAINESVILLE FL 32606

*I hereby 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 all other like empowered.*

**SIGNATURE:** BARBARA HALL

PRESIDENT

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date