FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 754660

CASSEL CREEK PROPERTY OWNERS' ASSOCIATION, INCOR PORATED

Principal Place of Business 2571 DERBYSHIRE CIR CASSELBERRY FL 32707-5650 Mailing Address

2571 DERBY SHIRE CIR CASSELBERRY FL 32707-5650

FILED Mar 04, 1999 8:00 am § Secretary of State

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2. Principal P	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed 10/16/1980			
Suite, Apt. #, etc.		26 6 3 11 DER DY 3	26 2571 DERBYSHIRE CIR				App	lied For
-	#, etc.	27			4. FEI Number NOT APPLICABLE			Applicable
City & State	e	City & State			5 0 1% to 2 0 1 1 Decision		-\$8.75-A	ditional
23	•	28			5. Certifcate of Status Desired	· 🗆	Fee Req	uired
Zip	Country	Zip Country			6. Election Campaign Financi	ng 🗆	\$5.00 N	lay Be
24	25	29 30			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of Ne	w Registered A	\gent	
			81 N	lame PE	nou S While	FIER		
WHELLER.	, PEGGY S		82 S	treet Addres	ss (P.O. Box Number is Not Acc			
	BY SHIRE CIR			2571	DERBYSHIRE C	ir		
	ERRY FL 32707		83		,			
***************************************			84 C	lity	<u> </u>		85 Zip C	ode
				455G/1	berry	FL_	3270	7-5650
11. Pursuant	to the provisions of Sections 617.05 egistered agent, or both, in the State	02 and 617.1508, Florida Statutes,				the purpose of ecent the appoin	changing its r itment as red	egistered istered
οπice or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 617.0503, Florida	Statutes.	- 1	1 .		_	
SIGNATURE	Gran H. W.	sheele 15	964 4	S. W	heeler	1-8	-99	
	Signature, had a printed name of registered ag		gstered Agent sig	nature required v	when reinstating) ADDITIONS/CHANGES TO			S IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN	Change	Addition
TITLE	PD	- DELETE	1.1 TITLE					
NAME	WHEELER, CHARLES E		1.2 NAME					
STREET ADORESS	2571 DERBYSHIRE CIR		1.3 STREET ADI					
CITY-ST-ZIP	CASSELEBERRY FL	☐ DELETE	1.4 CITY-ST-ZIF	P -	·	··	Change	Addition
TITLE	VPD	□ pereie	2.1 TITLE	1				
NAME	PETERSON, MARY		2.2 NAME					
STREET ADDRESS	1		2.3 STREET ADI					
CITY-ST-ZIP	CASSELBERRY FL	☐ DELETE	2.4 CITY-ST-ZI	IP			Change	Addition
TITLE	SD HARALIOU LANET	☐ PELETE	3.1 TITLE					
NAME	BRUMBAUGH, JANET		3.2 NAME					ĺ
STREET ADDRESS	2545 DERBY		3.3 STREET ADI					
CITY-ST-ZIP	CASSELBERRY FL	☐ DELETE	3.4. CITY-ST-ZI	<u> </u>			Change	☐ Addition
TITLE	WADD ANNETTE	□ nërete	4.1 TITLE					
NAME	WARD, ANNETTE		4.2 NAME	DDESS				
STREET ADDRESS	2565 DERBYSHIRE CIR		4.3 STREET ADI	1	,			
CITY-ST-ZIP	CASSELBERRY FL	☐ DELETE	5.1 TITLE	P			Change	Addition
TITLE		_ 5	5.1 MILE 5.2 NAME					
NAME			5.3 STREET ADI	DRESS				
STREET ADDRESS			5.4 CITY-ST-ZII					
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE	-			Change	Addition
		<u> —</u>	6.2 NAME					
NAME CERTET APPRESS	{		6.3 STREET AD	ORESS				ţ
STREET ADDRESS		j	6.4 CITY-ST-ZI					
CITY-ST-ZIP	1							

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

JUGITE MUNEJURDUIRFCHARLES E. WHEELER 2-16-99