2004 NOT-FOR-PROFIT CORPORATION

Mar 05, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #754660** 03-05-2004 90011 043 ****61 25 1. Entity Name CASSEL CREEK PROPERTY OWNERS' ASSOCIATION. INCORPORATED Principal Place of Business Mailing Address 2599 DERBYSHIRE CIRCLE 2599 DERBYSHIRE CIRCLE CASSELBERRY, FL 32707-5650 US CASSELBERRY, FL 32707-5650 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03012004 Chg-NP CR2E037 (10/03) 4. FEI Number NOT APPLICABLE City & State City & State Applied For • Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEELER, PEGGY S. Street Address (P.O. Box Number is Not Acceptable) 2571 DERBYSHIRE CIR CASSELBERRY, FL 32707-5650 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and the if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Florida Department of State Trust Fund Contribution Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE Delete TITLE ☐ Change ☐ Addition NAME GELDER, RYAN NAME STREET ADDRESS 2547 DERBYSHIRE CIR STREET ADDRESS CASSELBERRY, FL 32707 CITY-ST-7IP COY-ST-7P VD TITLE ☐ Delete TITLE Change ☐ Addition DECUBELLIS, SUSAN NAME NAME 2597 DERBYSHIRE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7P CASSELBERRY, FL 32707 CITY-ST-7/P SD TITLE Delete TITLE Change Addition BRUMBAUGH, JANET NAME NAME 2545 DERBYSHIRE CIRCLE STREET ADDRESS STREET ADDRESS CASSELBERRY, FL 32707 CITY-ST-7IP CITY-ST-ZIP TITLE TD Delete TITLE Change ☐ Addition WHEELER, PEGGY S NAME NAME STREET ADDRESS 2571 DERBYSHIRE CIRCLE STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP DITE ☐ Delete TITLE ☐ Change ■ Addition NAME VAZQUEZ, MARITZA NAME STREET ADDRESS 2561 DERBYSHIRE CIRCLE STREET ADDRESS CITY-ST-7IP CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE Defete TITLE Change Addition BOWLIN, CONNIE NAME MAME STREET ADDRESS 2585 DERBYSHIRE CIR STREET ADDRESS

FILED

12. 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 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PE Jau S. Wheeler

TREASUREA

CASSELBERRY, FL 32707