2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #754660 1. Entity Name CASSEL CREEK PROPERTY OWNERS' ASSOCIATION, 09 JAN -6 PM 4: 13 INCORPORATED Principal Place of Business Mailing Address SECRETARY OF STATE 2599 DERBYSHIRE CIRCLE 2599 DERBYSHIRE CIRCLE CASSELBERRY, FL 32707-5650 US CASSELBERRY, FL 32707-5650 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01022009 Chg-NP CR2E037 (11/08) 4. FEI Number 20-3006884 City & State City & State Applied For Not Applicable Zισ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHEELER, PEGGY S 2571 DERBYSHIRE CIR CASSELBERRY, FL 32707-5650 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 real SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2009 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD Gus M. Rahal 4709 Fox St. TITLE PD TITLE ☐ Change Z Addition Delete VASQUEZ, MARITZA NAME NAME STREET ADDRESS 2561 DERBYSHIRE CIR STREET ADDRESS Orlando, FL 32814 CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP VD TITLE Delete TITLE Change ☐ Addition 400139773494 01/06/09--01090--018 **61 MARSHALL, H. L. NAME NAME 1416 MADRID WAY STREET ADDRESS STREET ADDRESS **61 CITY-ST-ZiP WINTER SPRINGS, FL 32708 CITY-ST-ZIP ☐ Change STD ☐ Addition TITLE ☐ Delete TITLE NAME BRUMBAUGH, JANET NAME 2545 DERBYSHIRE CIRCLE STREET ADDRESS STREET ADORESS CASSELBERRY, FL 32707 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 TITLE ☐ Delete TITLE ☐ Change ■ Addition BOWLIN, CONNIE NAME NAME STREET ADORESS 2585 DERBYSHIRE CIRCLE STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Mustee 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: _