

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90017 002 ****61.25

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01152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N02000000310					
1. Entity Name CHEROKEE PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 200 SOUTH ORANGE AVE. SARASOTA, FL 34236			Mailing Address 200 SOUTH ORANGE AVE. SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 1774 Cherokee Drive		3. Mailing Address Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State		4. FEI Number 35-3190871	
Zip 34239		Country USA		Country	
6. Name and Address of Current Registered Agent DIETZ, GEORGE A 200 SOUTH ORANGE AVE. SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Amy Sergent Street Address (P.O. Box Number is Not Acceptable) 1733 South Drive City Sarasota FL Zip Code 34239	
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 <i>Amy L. Sergent</i> Signature, typed or printed name of registered agent and title if applicable.		Amy L. Sergent (NOTE: Registered agent signature required when reinstating)		1/25/07 DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	PD FAUST, MARTIN W 1687 SOUTH DR SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kosko, Maurice 1774 Cherokee Drive Sarasota, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOSKO, MAURICE 1774 CHEROKEE DR SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Shaw, Bruce 1504 South Lodge Drive Sarasota, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIETZ, GEORGE A 1620 N. LODGE DR. SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sergent, Amy 1733 South Drive Sarasota, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VEGA, DANA 1762 NORTH DRIVE SARASOTA, FL 34239 <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	TD KOSKO, SUSAN 1774 CHEROKEE DR SARASOTA, FL 34239 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 _____ with all other like empowered.					
SIGNATURE: <i>Maurice Kosko</i>				Daytime Phone _____	