

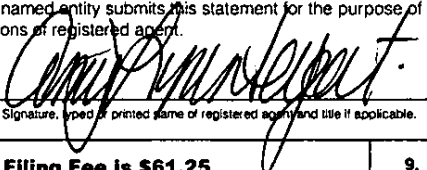



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90037 030 ****61.25

DOCUMENT # N02000000310					
1. Entity Name CHEROKEE PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1774 CHEROKEE DR SARASOTA, FL 34239			Mailing Address 200 SOUTH ORANGE AVE. SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # Craig Hickerson Suite, Apt. #, etc. 1723 South Drive		3. Mailing Address Amy L. Sergent Suite, Apt. #, etc. 711 N. Washington Blvd.			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 35-3190871	
Zip 34239		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERGENT, AMY 1733 SOUTH DR SARASOTA, FL 34239			7. Name and Address of New Registered Agent Name <u>Sergent, Amy</u> Street Address (P.O. Box Number is Not Acceptable) 711 N. Washington Blvd. City <u>Sarasota</u> <u>FL</u> Zip Code <u>34236</u>		
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 		Amy L. Sergent, Attorney		2/28/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 PD NAME KOSKO, MAURICE STREET ADDRESS 1774 CHEROKEE DR CITY - ST - ZIP SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Hickerson, Craig STREET ADDRESS 1723 South Drive CITY - ST - ZIP Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME SHAW, BRUCE STREET ADDRESS 1504 SOUTH LODGE DR CITY - ST - ZIP SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Kosko, Maurice STREET ADDRESS 1774 Cherokee Drive CITY - ST - ZIP Sarasota, FL 34239	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SERGENT, AMY STREET ADDRESS 1733 SOUTH DR CITY - ST - ZIP SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME VEGA, DANA STREET ADDRESS 1762 NORTH DRIVE CITY - ST - ZIP SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME KOSKO, SUSAN STREET ADDRESS 1774 CHEROKEE DR CITY - ST - ZIP 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 address, with all other like empowered.					
SIGNATURE: 		Amy L. Sergent		2/28/08 (941) 365-7575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	