

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006759

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: CHERRY LAUREL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1101 GREENTREE  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

FEI Number: 20-3428505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISAACS, DAN  
431WAVERLY ROAD  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

ISAACS, DAN  
528 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2008

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SHARPE, GINNY  
Address: 2103 RANDOLPH CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP ( ) Delete  
Name: HALL, DON  
Address: P.O. BOX 604  
City-St-Zip: MARY ESTER, FL 32569

Title: DST (X) Delete  
Name: FINLEY, JACK  
Address: 6309 COUNT FLEET TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: FINLEY, JACK  
Address: 6309 COUNT FLEET TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINNY SHARPE

Electronic Signature of Signing Officer or Director

DP

04/20/2008

Date