

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N34100

Entity Name: CUNNINGHAM CREEK UNIT III HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

445-26 STATE RD. 13
SUITE 356
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

445-26 STATE RD. 13
SUITE 356
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-2971067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATHIS, DON
2145 HAWKCREST DR E
JACKSONVILLE, FL 32259

Name and Address of New Registered Agent:

MATHIS, DON
2145 HAWKCREST DR E
JACKSONVILLE, FL 32259

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: DON MATHIS 04/26/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHIS, DON,
Address: 2145 HAWKCREST DR., E.
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: MURPHY, KEVIN
Address: 2130 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

Title: T () Delete
Name: ROE, FRANCES E
Address: 2129 HAWKCREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: WANTEZ, DAN
Address: 1969 WEB FOOT PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: BLACK, DON
Address: 2146 HAWKCREST DR., E.
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: SLEE, DON J
Address: 1923 WEB FOOT PLACE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCES E ROE TREA 04/26/2004
Electronic Signature of Signing Officer or Director Date