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■ NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N93000005129 (2) **DOCUMENT #**

CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 10491 SIX MILE CYPRESS 10491 SIX MILE CYPRESS FT. MYERS FL 33912 FT. MYERS FL 33912 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1995 11/15/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0489975 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Flection Campaign Financing П Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intengible tax under s. 199.032. Country Ζφ Zψ ☑ Yes ☐ No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) PLOWMAN, RICHARD W 82 3451 BONITA BAY BLVD SW 83 **WEVU BUILDING SUITE 202 BONITA SPRINGS FL 33923** Zip Code 84 City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Flug stered Agent signature required when reinstaling) Signature, typod or printed name of regelered agent at a title if apple able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Change Addition DELETE 1.1.1011.6 TITLE PD GRIMES, VOSEPH 1.2 NAME PERSICHILLI, ANTHONY NAME 10491 SIX MILE CYPRESS FRWY 10491 SIX MILE CYPRESS PKWY. 1.3 STREET ADDRESS STREET ADDRESS 14 CHIY-ST ZIP FORT MYERS FL 33912 FT MYERS FL CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME MCMURRAY, DARIN NAME 10491 SIX MILE CYPRESS PKWY. 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 2 4 CHY - \$1 - 7IP CITY-ST-ZIP Change 1 DELETE 3.1 TITLE TITLE STD 3.2 NAME BURNS, ALAN R NAME 10491 SIX MILE CYPRESS PKWY. 3.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 3.4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.CI1Y - ST - ZIP CITY - ST - ZIP Change Add-tion DELETE 5.1 THILE TITLE 5.2 NAME NAME 5 3 STREET ADORESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 THLE TITLE 6.2 NAME NAME & 3 STREET ADDRESS

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE: _

STREET ADDRESS

some SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/21/96 1-941-278-1177

(12/95) CR2E037