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OK Joe
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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005129 (2)

1. Corporation Name

CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

10491 SIX MILE CYPRESS
FT. MYERS FL 33912
US

Mailing Address

10491 SIX MILE CYPRESS
FT. MYERS FL 33912-6406
US3. Date Incorporated or Qualified
11/15/19933a. Date of Last Report
03/28/1996

2. Principal Place of Business

21 12501 CROSS CREEK BLVD

2a. Mailing Address

26 12501 CROSS CREEK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
23 FORT MYERS, FL27
City & State
28 FORT MYERS, FL

24 Zip 33912 25 Country USA

29 Zip 33912 30 Country USA

4. FEI Number

65-0489975

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PLOWMAN, RICHARD W
3451 BONITA BAY BLVD SW
WEVU BUILDING SUITE 202
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRIMES, JOSEPH
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FT MYERS FL 33912 ☐ DELETETITLE VD
NAME MCMURRAY, DARIN
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY.
CITY-ST-ZIP FT MYERS FL 33912 ☐ DELETETITLE STD
NAME BURNS, ALAN R
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY.
CITY-ST-ZIP FORT MYERS FL 33912 ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph Grimes 1-20-97 (941) 768-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066637

CP2E037 (9/96)