

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90003 040 ****61.25

DOCUMENT # N93000005129

1. Corporation Name

CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

8880 CREEK RD DR
BONITA SPRINGS FL 34135
US

Mailing Address

12501 CROSS CREEK BLVD.
FORT MYERS FL 33912
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/15/1993

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0489975

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GRIMES, JOSEPH
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FT MYERS FL 33912

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME MCMURRAY, DARIN
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY.
CITY-ST-ZIP FT MYERS FL 33912

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME BURNS, ALAN R
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY.
CITY-ST-ZIP FORT MYERS FL 33912

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0060452