

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005129

1. Entity Name

CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90099 045 ****61.25

Principal Place of Business

Mailing Address

~~8000 CREEK RD DR~~
~~BONITA SPRINGS FL 34435~~
~~US~~

~~42501 GROSS CREEK BLVD~~
~~FORT MYERS FL 33912-4077~~
~~US~~

2. Principal Place of Business

21131 Country Creek Dr.
~~City, Apt. #, etc.~~

3. Mailing Address

21131 Country Creek Dr.
~~City, Apt. #, etc.~~



DO NOT WRITE IN THIS SPACE

City & State

Estero FL

City & State

Estero FL

4. FEI Number

65-0489975

Applied For

☐ Not Applicable

Zip

33928

Country

USA

Zip

33928

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~PLOWMAN, RICHARD W~~
~~3451 BONITA BAY BLVD SW~~
~~WEVU BUILDING SUITE 202~~
~~BONITA SPRINGS FL 33020~~

7. Name and Address of New Registered Agent

Name Bob Gelles
 Street Address (P.O. Box Number is Not Applicable)
90 Gulf Coast Management Svcs
10060 Amberwood Rd. Ste 4
 City FT MYERS FL Zip Code 33913

8. 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

Robert E. Gelles Robert E. Gelles
 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

5/17/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIMES, JOSEPH 10491 SIX MILE CYPRESS PKWY FT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMURRAY, DARIN 10491 SIX MILE CYPRESS PKWY. FT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNS, ALAN R 10491 SIX MILE CYPRESS PKWY. FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 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 (9/99)