NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91331 033 ****61.25

DOCUMENT # N93000005129

1. Entity Name
CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21181 Country Creek Dr	C/O Schoo Management, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9411-2 Cypress Lake Drive
City & State: Estero FL	City & State: Fort Myers, FL
Zip: 33928 Country: USA	Zip: 33919 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0489975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Leslie Johnson

Street Address (P.O. Box Number is Not Acceptable): ~~C/O Schoo Management, Inc.~~ 9411 Cypress Lake Drive, Suite 2

City: Fort Myers **FL** Zip Code: 33919

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 _____ Leslie Johnson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	P/D
NAME	Davis, Glenn
STREET ADDRESS	9601 Cedar Creek Drive
CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	V/D
NAME	Zimmerman, Lloyd
STREET ADDRESS	25660 Inlet Way Court
CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	S/D/T
NAME	Vaughn, Charles
STREET ADDRESS	8901 Springwood Court
CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	D
NAME	Berkley, Bobbie
STREET ADDRESS	8801 Creek RundDrive
CITY-ST-ZIP	Bonita Springs, FL 34135
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President Glenn Davis 5-2-02 (239) 992-2120