

**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

21181 Country Creek Dr

Suite, Apt. #, etc.

City & State

Estero FL

Zip

33928

Country

USA

3. Mailing Address

C/O Schoo Management, Inc.

Suite, Apt. #, etc.

9411-2 Cypress Lake Drive

City & State

Fort Myers, FL

Zip

33919

Country

USA

Inc.

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**

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

**DO NOT WRITE
IN THIS SPACE**

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
NAME**

P/D
Davis, Glenn

**STREET ADDRESS
CITY-ST-ZIP**

9601 Cedar Creek Drive
Bonita Springs, FL 34135

**TITLE
NAME**

V/D
Zimmerman, Lloyd

**STREET ADDRESS
CITY-ST-ZIP**

25660 Inlet Way Court
Bonita Springs, FL 34135

**TITLE
NAME**

S/D/T
Vaughn, Charles

**STREET ADDRESS
CITY-ST-ZIP**

8901 Springwood Court
Bonita Springs, FL 34135

**TITLE
NAME**

D
Berkley, Bobbie
8801 Creek RundDrive
Bonita Springs, FL 34135

**STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME**

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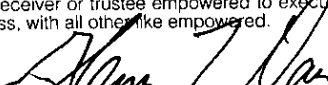
**TITLE
NAME**

**STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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

CR2E037B (12/01)