


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90239 025 *****61.25

DOCUMENT # N93000005129	
1. Entity Name CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 9411 CYPRESS LAKE DR STE 2 FORT MYERS FL 33919 US	Mailing Address C/O SCHOOL MANAGEMENT, INC. 9411-2 CYPRESS LAKE DR FORT MYERS FL 33919 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0489975	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GELLES, ROBERT E C/O SCHOOL MANAGEMENT, INC. 9411 CYPRESS LAKE DR, STE 2 FORT MYERS FL 33919

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME DAVIS, GLENN STREET ADDRESS 9601 CEDAR CREEK DR. CITY-ST-ZIP BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE VD NAME ZIMMERMAN, LLOYD STREET ADDRESS 25660 INLET WAY COURT CITY-ST-ZIP BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE SDT NAME VAUGHN, CHARLES STREET ADDRESS 8901 SPRINGWOOD COURT CITY-ST-ZIP BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE D NAME BERKLEY, BOBBIE STREET ADDRESS 8801 CREEK RUNDRIIVE CITY-ST-ZIP BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE D NAME OLSON, MARYANNE STREET ADDRESS 9551 CEDAR CREEK DR CITY-ST-ZIP BONITA SPRINGS FL 34135	<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

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: *Charles H. Vaughn* (Charles H. Vaughn) **4/23/04** **239 495 5572**