2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

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Entity Name: CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6312 TRAIL BLVD.
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

C/O ABILITY MANAGEMENT
6312 TRAIL BLVD.
NAPLES, FL 34108 US

New Mailing Address:

C/O ABILITY MANAGEMENT
P.O. BOX 770278
NAPLES, FL 34107 US

FEI Number: 65-0489975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
C/O ABILITY MANAGEMENT
6312 TRAIL BLVD.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIS, GLENN
Address: 9601 CEDAR CREEK DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD ( ) Delete
Name: ZIMMERMAN, LLOYD
Address: 25660 INLET WAY COURT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SDT ( ) Delete
Name: VAUGHN, CHARLES
Address: 8901 SPRINGWOOD COURT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: BERKELEY, ROBERT
Address: 8801 CREEK RUN DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: HALL, ANN
Address: 9465 TRANQUIL COURT
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: DILL, CHRIS
Address: 25810 PEBBLECREEK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN DAVIS P 04/12/2006

Electronic Signature of Signing Officer or Director — Date