

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90423 004 ****61.25

DOCUMENT # N93000005129

1. Entity Name

CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

21131 COUNTRY CREEK DR.
ESTERO FL 33928
US

Mailing Address

C/O SCHOOL MANAGEMENT, INC.
9411-2 CYPRESS LAKE DR
FORT MYERS FL 33919
US

2. Principal Place of Business

9411 Cypress Lake Dr.
Suite 2
City & State
Ft. Myers, FL
Zip
33919

3. Mailing Address

C/O School Management
Suite, Apt. #, etc.
9411-2 Cypress Lake Dr.
City & State
Ft. Myers, FL
Zip
33919



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0489975**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LESLIE
C/O SCHOOL MANAGEMENT, INC.
9411 CYPRESS LAKE DR, STE 2
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name **Robert E. Geller**
C/O School Management, INC.
Street Address (P.O. Box Number is Not Acceptable)
9411 Cypress Lake Dr.
Suite 2
City **Ft. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

4-28-03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, GLENN 9601 CEDAR CREEK DR. BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZIMMERMAN, LLOYD 25660 INLET WAY COURT BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT VAUGHN, CHARLES 8901 SPRINGWOOD COURT BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKLEY, BOBBIE 8801 CREEK RUNDRIVE BONITA SPRINGS FL 34135	<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	D MARYANNE OLSON 9551 CEDAR CREEK DRIVE BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input checked="" 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: *Chadwick* **REQUIRED**

4/28/03 239 495-5572

CR2E037 (10/02)