## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000002921

## FILED Jan 26, 2004 8:00 am Secretary of State 01-26-2004 90013 037 \*\*\*\*61.25

Daytime Phone #

1. Entity Name CANNON CREEK AIRPARK HOMEOWNERS' ASSOCIATION, INC.							
Principal Place RT 18, BOX 5 SW AIRPARK C LAKE CITY, FL	87 GLEN	Mailing Address RT 18, BOX 587 SW AIRPARK GLEN LAKE CITY, FL 32025	US	-	 	( COUR ACEN FEINE NOIL 1980 1980 NOIL NOIL 1800	
2409	ace of Business SW Sisters Welcome Ru	3. Mailing Address 2409 Sw Sisters Suite, Apt. #, etc.	welcome	R.J			
Suite, Apt. #, etc. Suite / O 2		Suite 102	Suite 102		01212004 Chg-NP	CR2E037 (10/03)	
City & State LAICE CITY, EL		City & StateLAICE_CITY	LAKE CITY, FL		4. FEI Number 59-2808897	Applied Fo	-
Zip 32025	Country USA	Zip 3 2 0 2 5	Country		5. Certificate of Status Desire	sd S8.75 Additional Fee Required	
32023	6. Name and Address of Current R				7. Name and Address of Ne		
PHILLIPS, ELAINE G				Name Gomez, Ansel			
RT 18, BOX 587 SW AIRPARK GLEN			Stree	Street Address (P.O. Box Number is Not Acceptable) 222 SW AIRPAILIC C-LI4			
LAKE CITY, FL 32025						_	
			City	LAKE	City	FL Zip Code 32025	
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	Signature, typed or printed native of registered agent an	d title if applicable(NOTE: Re	egistered Agent si	nature required	d when reinstating)	21 JA2 1230 4	
7 242	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campa Trust Fund Cor		ġ , 🗆	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.	OFFICERS AND DIRE				ADDITIONS/CHANGES TO OFF		
TITLE 1 .	PD :: C!* A : 5" " " PHILLIPS; ELAINE G	Delete	TITLE "	PD Gom	iez, Angel	Change 🗷 Add	lition
STREET ADDRESS	RT. 18 BOX 585, SW AIRPARK G	LEN	STREET ADDRES	s   222	L SW AIRPARK G		
CITY-ST-ZIP	LAKE CITY, FL		CITY-ST-ZIP		E CITY, FL	32025	
NAME	BRATT, ALBERT V	Defete Defete	TITLE NAME	DSTR	INGFELLOW, MAR	□ Change	Jitron
STREET ADDRESS	RT. 18 BOX 593, SW AIRPARK G	LEN	STREET ADDRE	s   1.33	SW AIRPARK	Glen	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	LAI	LE CITY, FL	32025	dition.
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STREET ADDRESS	RT. 18 BOX 579 SW AIRPARK GI LAKE CITY, FL 32025	-EN	STREET ADDRE	SS			
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NAME	CHAMBERS, JAMES R	<b>2</b> 50000	NAME		•	<b>2</b>	
STREET ADDRESS CITY-ST-ZIP	RT 18, BOX 634-3\ LAKE CITY, FL 32025		STREET ADORE	SS			
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NAME	BLAKE, SALLY D.		NAME				
STREET ADDRESS CITY-ST-ZIP	ROUTE 18, BOX 628 LAKE CITY, FL 32025	Eti ei	STREET ADDRE	ss	وسقات الداد عوا فارده وبوضعة تقومو وومانيد الرار		
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NAME	STRATTON, BILLY G	ر ۱۳۳۸ میل ۱۳۳۸ میل در افغان ۱۳۳۸ میل ۱۳۳	NAME STREET ADDRE		- YG (역 A/ E Y02 - 영요(있게 과구 역)	्रानुष्ट १९ केक्ष्मित १ की प्राप्ति कक्षान्द्रक्षण १८ से क्ष्मु (स. १	
STREET ADDRESS	RT:18; BOX 631: : 3757 LAKE CITY; FL-32025		CITY-ST-ZIP			age of the control of	
12. I hereby	, ·	this filing does not qualify for the	ne exemption	stated in S	ection 119.07(3)(i), Florida Statu	tes. I further certify that the information	on
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.							
21 Aa 2234 386-75V a 57v2							

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OF DIRECTOR