2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000002921

1. Entity Name
CANNON CREEK AIRPARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2409 SW SISTERS WELCOME RD SUITE 102 LAKE CITY, FL 32025 US	2409 SW SISTERS WELCOME RD SUITE 102 LAKE CITY, FL 32025 US

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01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2808897
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ANGEL
222 SW AIRPARK GLN
LAKE CITY, FL 32025

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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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOMEZ, ANGEL
STREET ADDRESS	222 SW AIRPARK GLN
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	D
NAME	DOLBOW, RAYMOND
STREET ADDRESS	311 AIRPARK GLEN
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	D
NAME	WILSON, KATHY M
STREET ADDRESS	469 SW AIRPARK GLEN
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	PD
NAME	CHAMBERS, JAMES R
STREET ADDRESS	RT 18, BOX 634-3
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	D
NAME	BLAKE, SALLY D
STREET ADDRESS	ROUTE 18, BOX 628
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	D
NAME	STRATTON, BILLY G
STREET ADDRESS	RT 18, BOX 631
CITY-ST-ZIP	LAKE CITY, FL 32025

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02/12/07-80031-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Angel Gomez 30 Jan 2007 386-754-5750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #