
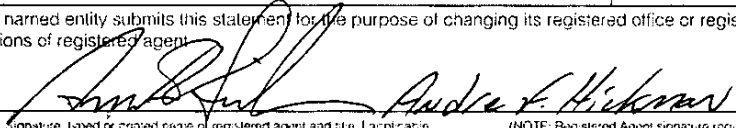


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90029 042 ****61.25

DOCUMENT # N06000003008			
1. Entity Name CHERRY LAKE OAKS HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1010 JOHNS POINTE DRIVE OAKLAND FL 34787		Mailing Address 1010 JOHNS POINTE DRIVE OAKLAND FL 34787	
2. Principal Place of Business - No P.O. Box # 1801 Lee Road Suite, Apt. #, etc. Suite 200 City & State Winter Park, FL Zip 32789 Country USA		3. Mailing Address P.O. Box 941618 Suite, Apt. #, etc. City & State Maitland, FL Zip 32794 Country USA	
6. Name and Address of Current Registered Agent COSTELLO, JAMES J JR. 1010 JOHNS POINTE DRIVE OAKLAND FL 34787		7. Name and Address of New Registered Agent Name Andre F. Hickman Street Address (P.O. Box Number is Not Acceptable) 1801 Lee Road, Suite 200 City Winter Park FL Zip Code 32789	
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  Andre F. Hickman DATE 3/3/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/07)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, JAMES J JR. 1010 JOHNS POINTE DRIVE OAKLAND FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andre F. Hickman 1801 Lee Road, Suite 200 Winter Park, FL 32789 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JEREL M 1002 JOHNS POINTE DRIVE OAKLAND FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harold A. Miller 1801 Lee Road, Suite 200 Winter Park, FL 32789 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKEL, MICHAEL D 7208 SANDLAKE, #300 ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul M. Sills 1801 Lee Road, Suite 200 Winter Park, FL 32789 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Section 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:

 **Andre F. Hickman**

3/3/08 (417) 629-1688