I hereby certify that the information indicated on this report or supplemental report is true and acc	urate 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 ex	ecute this report as required by Chapter 617, Florida	Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: ANDRE E HICKMAN	PSTD	04/06/2016

SIGNATURE: ANDRE	
SIGNATORE, ANDRE	

Electronic Signature of Signing Officer/Director Detail

FEI Number: 84-1725861

HICKMAN, ANDRE F

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:

Office Title Name Address City-State-Zip: WINTER PARK FL 32789 City-State-Zip: WINTER PARK FL 32789

### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0600003008

### Entity Name: CHERRY LAKE OAKS HOMEOWNERS' ASSOCIATION, INC.

### **Current Principal Place of Business:**

1801 LEE RD STE 200 WINTER PARK, FL 32789

## **Current Mailing Address:**

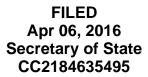
P.O. BOX 941618 MAITLAND, FL 32794

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

1801 LEE RD STE 200 WINTER PARK, FL 32789 US

er/Director Detail :				
.,	PSTD	Title	D	
	HICKMAN, ANDRE F	Name	SILLS, PAUL M	
SS	1801 LEE RD STE 200	Address	1801 LEE RD STE 200	



Certificate of Status Desired: No

Date

Date