

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005129

**Entity Name:** CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N STE 400  
NAPLES, FL 34103

**Current Mailing Address:**

C/O COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N STE 400  
NAPLES, FL 34103 US

**FEI Number:** 65-0489975

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMPASS GROUP  
4851 TAMIAMI TRAIL NORTH STE 400  
NAPLES, FL 34103 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CLYDE, ROBERT  
Address C/O COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title VP  
Name CORY, GREGORY  
Address C/O COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title SECRETARY  
Name DROKE, DON  
Address C/O COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title P  
Name ZIMMERMAN, LLOYD  
Address C/O COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title TREASURER  
Name BRUCE, ROBERT  
Address C/O COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

*I hereby certify that the information indicated on this report or supplemental report is true and accurate 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 execute 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:** LLOYD ZIMMERMAN

**PRESIDENT**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date