

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N93000005129

Entity Name: CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC.

**FILED
May 25, 2016
Secretary of State
CC9513065966**

Current Principal Place of Business:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 65-0489975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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: DENNIS F LIVELY

05/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name ZIMMERMAN, LLOYD
Address C/O ABIITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title VP, DIRECTOR
Name COURY, GREGORY
Address C/O ABILITY MANAGMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title SECRETARY, DIRECTOR
Name SCHWATJE, LINDA
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title TREASURER, DIRECTOR
Name BRUCE, ROBERT
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name RANSOM, JOHN
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

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

05/25/2016

Electronic Signature of Signing Officer/Director Detail

Date