

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

DOCUMENT# N96000002921

**Entity Name:** CANNON CREEK AIRPARK HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC5944956113**

**Current Principal Place of Business:**

2409 SW SISTERS WELCOME ROAD  
SUITE 103  
LAKE CITY, FL 32025-2920

**Current Mailing Address:**

2409 SW SISTERS WELCOME ROAD  
SUITE 103  
LAKE CITY, FL 32025-2920 US

**FEI Number:** 59-2808897

**Certificate of Status Desired:** No

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

BOWSER, ADAM G.  
343 SW AIRPARK GLEN  
LAKE CITY, FL 32025-1613 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:** ADAM BOWSER

**01/26/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BOWSER, ADAM  
Address 343 SW AIRPARK GLEN  
City-State-Zip: LAKE CITY FL 32025-1613

Title D  
Name AHERN, FRANK  
Address 286 SW AIRPARK GLEN  
City-State-Zip: LAKE CITY FL 32025-1613

Title D  
Name PHILLIPS, ELAINE G  
Address 356 SW AIRPARK GLEN  
City-State-Zip: LAKE CITY FL 32025-1615

Title PD  
Name FOTI, BETSY  
Address 2193 SW SISTERS WOLCOME ROAD  
City-State-Zip: LAKE CITY FL 32025-2927

Title D  
Name STRATTON, KATHY  
Address 175 SW CESSNA COURT  
City-State-Zip: LAKE CITY FL 32025-1632

Title D  
Name SHANKS, LARRY  
Address 2221 SW SISTERS WELCOME ROAD  
City-State-Zip: LAKE CITY FL 32025-2927

*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:** ADAM (LES) BOWSER

**PRESIDENT**

**01/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date