FILED 2008 NOT-FOR-PROFIT CORPORATION Feb 08, 2008 8:00 am ANNUAL REPORT (AR) **Secretary of State DOCUMENT # 748997** 1. Entity Name 02-08-2008 90041 050 ****61.25 CHERRY GROVE CONDOMINIUM NO. 10/5 ASSOCIATION, INC. Principal Place of Business Mailing Address 9341 SW 88TH STREET MIAMI FL 33176 9341 SW 88TH STREET MIAMI FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number NO-T APPLICABLE Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YANCEY, ROSE A Street Address (P.O. Box Number is Not Acceptable) 9341 SW 88TH STREET MIAMI FL 33176 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees

Make Check Payable to. Florida Department of State

Applied For

Not Applicable

* * 4*	AND THE RESERVE OF THE PERSON	i E				. 1 -
10.	OFFICERS AND D	RECT RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE HAME STREET ADDRESS CITY+ST+ZIP	PD YANCEY, ROSE A 9341 SW 88TH STREET MIAMI FL 33176	・ガー・ 🗋 Delate	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	SD HARDING, STACIE R 9170 SW 95TH AVENUE MIAMI FL 33176	. Deline	TITLE RAME STREET ADDRESS CITY-ST-ZEP		☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	TD YANCEY, REBECCA A 9170 SOUTHWEST 95TH AVE MIAMI FL 33176	☐ Fielate	TITLE_ NAME STREET ADDPESS CITY-ST-ZIP		Change_	Addition
THE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THEE NAME STREET ADDRESS CITY-ST-Z/P		☐ Change	□ Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STRECT ANDRESS ORY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET AUDRESS CITY-ST-ZIP		☐ Del⊎te	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 exportation or the receiver or fursiee 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.

BOSE ANNA PARCEY

305596 6636