

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90032 017 ****61.25

DOCUMENT # 753263

1. Entity Name
**CHERRY CREEK PROPERTY - OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**13823 CHERRY BROOK LN
TAMPA, FL 33618**

Mailing Address
**13823 CHERRY BROOK LN
TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE



03152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BECKER, LARRY A
13823 CHERRY BROOK LN
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARGELIO, ALFONSO 13923 BRIARDALE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABECKER, LARRY 13832 CHERRY CREEK DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPTOE, TING 14030 CHERRY LAKE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHREE, ROBERT 13805 CHERRY CREEK DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 corporation or the receiver or trustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07 (813) 265-4591