

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 766428**

1. Entity Name  
**CEDAR CREEK BUSINESS AND PROFESSIONAL  
CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1120 WEST FIRST STREET  
STE B  
SANFORD, FL 32771**

Mailing Address  
**1120 WEST FIRST STREET  
STE B  
SANFORD, FL 32771**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2383041**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BARKS, JAMES A  
1120 W. FIRST STREET  
STE B  
SANFORD, FL 32771**

**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)

000000578880

01/09/07-80047-006 61.25

**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	VD
NAME	REID, HARRY G III
STREET ADDRESS	1120 W. FIRST ST., STE. B
CITY-ST-ZIP	SANFORD, FL
TITLE	PD
NAME	BARKS, JAMES A.
STREET ADDRESS	1120 W. FIRST ST., STE. B
CITY-ST-ZIP	SANFORD, FL
TITLE	STD
NAME	LANIER, DAVID P.
STREET ADDRESS	1120 WEST FIRST ST SUITE A
CITY-ST-ZIP	SANFORD, FL

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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:**

*James A. Barks* President

1-4-07

407-321-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #