


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90045 027 ****61.25

DOCUMENT # N00158 1. Entity Name CEDAR CREEK HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business % BOSSHARDT PROPERTY MANAGEMENT, INC. 5522 NW 43RD STREET GAINESVILLE, FL 32653 US			Mailing Address % BOSSHARDT PROPERTY MANAGEMENT, INC. 5522 NW 43RD STREET GAINESVILLE, FL 32653 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2575817	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TENAGLIA, RICHARD A BOSSHARDT PROPERTY MGT. 5522 NW 43RD STREET GAINESVILLE, FL 32653				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PF VALLEY, SHARON 4044 NWD 18TH TERRACE GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom mcgowan 4040 NW 18th Terr Gainesville, FL. 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, FAYE 4145 NW 18TH DR. GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Suzanne Brown 4141 NW 18th Drive Gainesville, FL. 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, ROBERTA 4020 NW 17TH TERR. GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Claudia Scaglione 4152 NW 18th Dr. Gainesville, FL. 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, BILLIE 4023 NW 17TH TERR. GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Annette Derryberry 4032 NW 17th Terr Gainesville, FL. 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRYBORRY, ANNETTE 4032 NWD 17TH TERRACE GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Annette Derryberry 4032 NW 17th Terr Gainesville, FL. 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Sharon C. Valley</i> SHARON C. VALLEY 2/15/05 952 338-8203					