

FILED
May 01, 2006 8:00 am
Secretary of State

60032535

[illegible]

DOCUMENT # N00158

1. Entity Name
CEDAR CREEK HOMEOWNER'S ASSOCIATION, INC.



05-01-2006 90469 016 ****61.25

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

60032535



2. Principal Place of Business

Suite, Apt. #, etc.
S7EB
City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.
S7EB
City & State

ZipCountry

04122006Chg-NPCR2E037 (11/05)

4. FEI Number
59-2575817

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$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
GLENDALINDSEY
Street Address (P.O. Box Number is Not Acceptable)
BOSSHARDT PROPERTY MGT.
5522 NW 43 STREET S7EB
City
GAINESVILLEFLZip Code
32653

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 type if applicable. (NOTE: Registered Agent signature required when reinstating)

4-26-06
DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.☐

\$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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
BROWN, SUZANNE
4141 NW 18TH DRIVE
GAINESVILLE, FL 32605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
SEAGLIONE, CLAUDIA
4152 NW 18TH DRIVE
GAINESVILLE, FL 32605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCGOWAN, TOM
4040 NW 17TH TERR
GAINESVILLE, FL 32605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
DERRYBERRY, ANNETTE
4032 NWD 17TH TERRACE
GAINESVILLE, FL 32605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change☐ Addition

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CITY-ST-ZIP

☐ Change☐ Addition

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:  ANNETTE H. DERRYBERRY 4-26-06

Signature typed or printed name of signing officer or director

Date

Daytime Phone #