

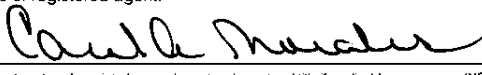
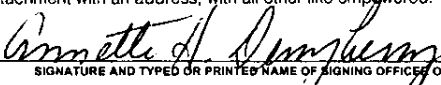


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90052 042 \*\*\*\*61.25

<b>DOCUMENT # N00158</b> 1. Entity Name <b>CEDAR CREEK HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>% BOSSHARDT PROPERTY MANAGEMENT, INC.</b> <b>5522 NW 43RD STREET STE B</b> <b>GAINESVILLE, FL 32653 US</b>			Mailing Address <b>% BOSSHARDT PROPERTY MANAGEMENT, INC.</b> <b>5522 NW 43RD STREET STE B</b> <b>GAINESVILLE, FL 32653 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40073783</div>  <div style="margin-top: 10px;">           04172007    Chg-NP    CR2E037 (12/06)         </div>	
4. FEI Number <b>59-2575817</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>LINDSEY, GLENDA</b> <b>BOSSHARDT PROPERTY MGMT</b> <b>5522 NW 43RD STREET</b> <b>GAINESVILLE, FL 32653</b>			7. Name and Address of New Registered Agent Name <b>CAROL MORALES</b> Street Address (P.O. Box Number is Not Acceptable) <b>40 BOSSHARDT PROPERTY MANAGEMENT INC.</b> <b>5522 - B NW 43 ST.</b> City <b>GAINESVILLE</b> FL    Zip Code <b>32653</b>		
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:  <b>CAROL A. MORALES</b> 4-16-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERIA BENSON 4020 NW 17 TERR GAINESVILLE, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, SUZANNE 4141 NW 18TH DRIVE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAYE HALL 4145 NW 18 DR. GAINESVILLE, FL 32605 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEAGLIONE, CLAUDIA 4152 NW 18TH DRIVE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOWAN, TOM 4040 NW 17TH TERR GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DERRYBERRY, ANNETTE 4032 NWD 17TH TERRACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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:  <b>Annette H. Derryberry</b> 378-8797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					