2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State

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CEDAR CREEK HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business % BOSSHARDT PROPERTY MANAGEMENT, INC.

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5522 NW 43RD STREET STE B GAINESVILLE, FL 32653 US 5522 NW 43RD STREET STE B GAINESVILLE, FL 32653 US														
Principal Place of Business - No P.O. Box # Mailing Address														
Suite, Apt. #, etc. Suite, Apt. #, etc.							04042008 Chg-NP CR2E037 (12/06)							
City & State		Cit	City & State				4. FEI Number Applied F. 59-2575817 Not Applie					plied For t Applicable		
Zip Country Zip					Cou	intry		5. Certificate of Status Desired \$8.75 Additional Fee Required						
	C. Name	and Address of Curren	Registere	d Agent			•	7. Name and A	ddress of Ne	w Regist	ered Agen	11	-	
MORAL ES	. CAROL					Name								
MORALES, CAROL C/O BOSSHARDT PROPERTY MGMT INC. 5522-B NW 43RD STREET						Street Address (P.O. Box Number is Not Acceptable)								
GAINESVI	LLE, FL 3	32653												
						City					FL	Zip Code	9	
	ions of regis	y submits this statement (ered agent. or printed name of registered agen				ed office or reg			in the State or		I am famili	iar with,	and accept	
Filing Fee is \$61.25 Due by May 1, 2008			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														
10.		OFFICERS AND D	RECTORS		11.		A	DDITIONS/CHAN	VGES TO OFF	CERS A	ND DIRECT	TORS IN	10	
10.	PF	OFFICERS AND D	RECTORS	☐ Delete	11.		Α	DDITIONS/CHAN	IGES TO OFF	CERS AF		Change	10 Addition	
TITLE NAME	VALLEY,	SHARON	RECTORS	☐ Delete	TITLE	E	А	DDITIONS/CHAN	VGES TO OFF	CERS AF				
TITLE	VALLEY, 4044 NW	SHARON D 18TH TERRACE	RECTORS	☐ Delete	TITLE NAM STRE		A	DDITIONS/CHAN	VGES TO OFF	CERS AF				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VALLEY, 4044 NW	SHARON	RECTORS		TITLE NAM STRE CITY	ET ADDRESS -ST-ZIP	A	DDITIONS/CHAN	NGES TO OFF	CERS AF		Change	Addition	
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TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	VALLEY, 4044 NW GAINESV VPD BENSON 4020 NW GAINESV SD HALL, FA	SHARON D 18TH TERRACE 'ILLE, FL 32605 , ROBERTA 17 TERR 'ILLE, FL 32605	RECTORS	☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM	E ET ADDRESS -S1-ZIP : : : : : : : : : : : : : : : : : : :	A	DDITIONS/CHAN	NGES TO OFF	CERS AF		Change Change	Addition	
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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: (