

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00158

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

% BOSSHARDT PROPERTY MANAGEMENT, INC.
5522 NW 43RD STREET STE B
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

% BOSSHARDT PROPERTY MANAGEMENT, INC.
5522 NW 43RD STREET STE B
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 59-2575817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, CAROL
C/O BOSSHARDT PROPERTY MGMT INC.
5522-B NW 43RD STREET
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PF () Delete
Name: VALLEY, SHARON
Address: 4044 NWD 18TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD () Delete
Name: BENSON, ROBERTA
Address: 4020 NW 17 TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: HALL, FAYE
Address: 4152 NW 18TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: MCGOWAN, TOM
Address: 4040 NW 17TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: DERRYBERRY, ANNETTE
Address: 4032 NWD 17TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALLEY, SHARON
Address: 4044 NWD 18TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: SD (X) Change () Addition
Name: KELLY, HOPE
Address: 4143 NW 16 DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: PUCKETT, DEBRA
Address: 4158 NW 16 DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD (X) Change () Addition
Name: MCGOWAN, TOM
Address: 4040 NW 17TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON VALLEY

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date