

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000010088

1. Entity Name
CEARRA DEL RAY OWNER'S ASSOCIATION, INC.



Principal Place of Business
4916 KENSINGTON PK BLVD
ORLANDO, FL 32819

Mailing Address
C/O PAUL D HARRIS, CPA
PO BOX 960
JONESVILLE, VA 24263



03192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
35-2220032

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OSWALD, KENNETH F ESQ.
600 COURTLAND AVENUE #110
ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
BUROS, RONNIE E
2648 WEST STATE ROAD 434, SUITE B
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
INGRASSIA, RAY
4916 KENSINGTON PK BLVD
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STD
HARRIS, PAUL D
P O BOX 404
JONESVILLE, VA 24263

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000868753
04/03/08-80023-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul D. Harris
PAUL D. HARRIS

3-19-08

276-346-1972