


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90393 020 ****70.00

DOCUMENT # N04000006427					
1. Entity Name CHERRY OAKS AT FIDDLER'S CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103			Mailing Address WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1683664	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOODWARD, MARK J WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME PARISI, JOSEPH STREET ADDRESS 3470 CLUB CENTER BOULEVARD CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete				
TITLE VSD NAME BRATEN, STEVEN STREET ADDRESS 3470 CLUB CENTER BOULEVARD CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete				
TITLE TD NAME KIRSTEIN, TOM STREET ADDRESS 3470 CLUB CENTER BOULEVARD CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		4/25/05 (239) 732-9400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph Livio Parisi		Date Daytime Phone #			