2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009018

Entity Name

CANNON RANCH COMMERCIAL VILLAGE PARCEL 1B COMMUNITY ASSOCIATION, INC.



FILED Jul 14, 2005 8:00 am Secretary of State

07-14-2005 90077 038 ****70.00

			WE INST			
	e of Business EBROOK WAY STE 314 PEL, FL 33543-4499	Mailing Address 5700 SADDLEBROOK V WESLEY CHAPEL, FL 3				IEIF a: o i 4 88 1
2. Principal Place of Business 3. M		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072005 Chg	g-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of State	tus Desired V \$8.75 Adi Fee Require	
	6. Name and Address of Current R	egistered Agent		7. Name and Addre	ess of New Registered Agent	
		RE	Street Address	ss (P.O. Box Number is No	ot Acceptable)	le
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent and agent are statement for the stat		registered office or regis	_	ne State of Florida. I am familiar with,	and accept
D	Filing Fee Is \$61.25 ue by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution.		Make check payable t Florida Department of S	
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN	V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENNETT, GREGORY D 5700 SADDLEBROOK WAY STE WESLEY CHAPEL, FL 33543449		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DEMPSEY, THOMAS L 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543449	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REIHLY, GREG 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543449	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 789		☐ Change	☐ Addition

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/05 949.633.6371
Daylor Phone #