

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 20 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003195

1. Entity Name
CRICKET CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
501 SW 75TH STREET
GAINESVILLE, FL 32607

Mailing Address
5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653



2. Principal Place of Business - No P.O. Box #

5522 NW 43 ST.

3. Mailing Address

Suite, Apt. #, etc.

B

City & State

GAINESVILLE, FL

City & State

Zip

32653

Country
US

Zip

Country

08062007

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-3188501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOULTON BOSSHARDT, LLC
5532-A NW 43RD STREET
GAINESVILLE, FL 32653

7. Name and Address of New Registered Agent

Name

DEBBIE HOUDERSHELT

Street Address (P.O. Box Number is Not Acceptable)

90 BOSSHARDT PROPERTY MANAGEMENT

5522 NW 43 ST. SUITE B

City

GAINESVILLE

FL

Zip Code

32653

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 *Debbie Houdershel* *Debbie Houdershel*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8-6-07

Amended AR is \$61.25

9. 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

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, WILLIAMS JR | |
| STREET ADDRESS | P.O. BOX 368 | |
| CITY-ST-ZIP | ARCHER, FL 32618 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | WHITE, JOB | |
| STREET ADDRESS | 134 EAST CALL STREET | |
| CITY-ST-ZIP | STARKE, FL 32091 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | BOSSHARDT, CAROL | |
| STREET ADDRESS | 5542 NW 43RD STREET | |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | Y | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANGELA D. FRANCIS | |
| STREET ADDRESS | 501 SW 75 ST. #H-14 | |
| CITY-ST-ZIP | GAINESVILLE, FL 32607 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NATHAN CLARK | |
| STREET ADDRESS | 501 SW 75 ST. #E-7 | |
| CITY-ST-ZIP | GAINESVILLE, FL 32607 | |
| TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERT STAWICKI | |
| STREET ADDRESS | 501 SW 75 ST. #A-4 | |
| CITY-ST-ZIP | GAINESVILLE, FL 32607 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

400108749864
08/29/07--01011--009 **61.25

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:

Nathan W. Clark

Nathan W. Clark

8-6-07

352-270-2713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22