

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000003195	
1. Entity Name CRICKET CLUB CONDOMINIUM ASSOCIATION, INC.	



FILED
08 AUG 19 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08052008 Chg-NP CR2E037 (12/06)

Principal Place of Business 5522 NW 43 ST. SUITE B GAINESVILLE, FL 32653	Mailing Address 5522 NW 43 ST. SUITE B GAINESVILLE, FL 32653
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3188501	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HOUDERSHELT, DEBBIE C/O BASSHARDT PROPERTY MANAGEMENT 5522 NW 43 ST., SUITE B GAINESVILLE, FL 32653		7. Name and Address of New Registered Agent Name <u>DEBBIE HOUDERSHELT</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O BASSHARDT PROPERTY MANAGEMENT</u> <u>5522 NW 43 ST. SUITE B</u> City <u>GAINESVILLE</u> FL <u>32653</u>	
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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] Debbie S. Houdershelt 8-13-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCIS, ANGELA D 501 SW 75 ST., #H-14 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, NATHAN 501 SW 75 ST., #E-7 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> NATHAN CLARK 7136 SW 5TH RD, #240 GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STAWICKI, ROBERT 501 SW 75 ST. #A-4 GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> RICHARD HAMMOND 12824 SW 1ST PLACE NEWBERRY, FL 32669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STAWICKI, ROBERT 501 SW 75 ST # A-4 GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> D'ANNE HAMMOND 12824 SW 1ST PLACE NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMMOND, D'ANNE 501 SW 75 ST # A-13 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>200134550392</u> <u>08/26/08-01005-011</u> <u>**\$61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBELS, MICHAEL 501 SW 75 ST # D-8 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Clark 8/13/2008 352-240-2713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2.8/20