

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006699

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** CHERRY STREET SQUARE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1180 W WASHINGTON ST  
MONTICELLO, FL 32344

**New Principal Place of Business:**

425 CHERRY COURT, SOUTH  
MONTICELLO, FL 32344

**Current Mailing Address:**

1180 W WASHINGTON ST  
MONTICELLO, FL 32344

**New Mailing Address:**

425 CHERRY COURT, SOUTH  
MONTICELLO, FL 32344

FEI Number: 56-2521528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALMER, RILEY  
1180 W WASHINGTON ST  
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

WRIGHT, GARY  
425 CHERRY COURT, SOUTH  
MONTICELLO, FL 32344 US

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.

SIGNATURE: GARY WRIGHT

04/19/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: WRIGHT, GARY  
Address: PO BOX 91  
City-St-Zip: MONTICELLO, FL 32345

Title: DST ( ) Delete  
Name: SIMS, MIKE  
Address: 25 TALLMONT DR  
City-St-Zip: MONTICELLO, FL 32344

Title: DP ( ) Delete  
Name: PALMER, RILEY  
Address: 1180 W WASHINGTON ST  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: WRIGHT, GARY  
Address: 425 CHERRY COURT, SOUTH  
City-St-Zip: MONTICELLO, FL 32344

Title: DST (X) Change ( ) Addition  
Name: MARKMAN, PATRICIA  
Address: 480 CHERRY COURT, SOUTH  
City-St-Zip: MONTICELLO, FL 32344

Title: DP (X) Change ( ) Addition  
Name: KREBS, JACK  
Address: 420 CHERRY COURT, SOUTH  
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY WRIGHT

DV

04/19/2006

Electronic Signature of Signing Officer or Director

Date