2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000006699

1. Entity Name
CHERRY STREET SQUARE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
425 CHERRY COURT, SOUTH MONTICELLO, FL 32344	425 CHERRY COURT, SOUTH MONTICELLO, FL 32344

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01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number
56-2521528

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 L. GARY WRIGHT [signature] 1-20-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	WRIGHT, GARY
STREET ADDRESS	425 CHERRY COURT, SOUTH
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	DST
NAME	MARKMAN, PATRICIA
STREET ADDRESS	480 CHERRY COURT, SOUTH
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	DP
NAME	KREBS, JACK
STREET ADDRESS	420 CHERRY COURT, SOUTHDV
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: L. Gary Wright 1-20-2007 850 545-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #