

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07-14-2008 90032 008 *****8.75

N05000006699

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 20 AM 10:45

DOCUMENT # N05000006699					
1. Entity Name CHERRY STREET SQUARE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 425 CHERRY COURT, SOUTH MONTICELLO, FL 32344			Mailing Address 425 CHERRY COURT, SOUTH MONTICELLO, FL 32344		
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 56-2521528	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WRIGHT, GARY 425 CHERRY COURT, SOUTH MONTICELLO, FL 32344			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRIGHT, GARY 425 CHERRY COURT, SOUTH MONTICELLO, FL 32344 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300137359463 10/28/08--01016--002 **\$1.25 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARKMAN, PATRICIA 480 CHERRY COURT, SOUTH MONTICELLO, FL 32344 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KREBS, JACK 420 CHERRY COURT, SOUTH MONTICELLO, FL 32344 ☐ 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 CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>L. GARY WRIGHT</u> <u>10/28/08</u> <u>997-5705</u> 850- SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR DAYTIME PHONE #					