
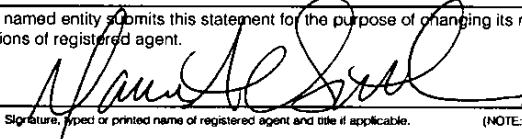
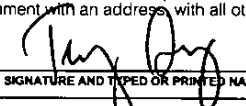


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 018 ****61.25

DOCUMENT # N05000008665			
1. Entity Name ESTATES AT CHERRY LAKE MASTER HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 455 DOUGLAS AVE SUITE 1755 ALTAMONTE SPRINGS, FL 32714		Mailing Address 455 DOUGLAS AVE SUITE 1755 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business 385 Douglas Ave Suite, Apt. #, etc. 3350		3. Mailing Address 385 Douglas Ave Suite, Apt. #, etc. 3350	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL	
Zip 32714	Country USA	Zip 32714	Country USA
6. Name and Address of Current Registered Agent KLEINSMITH, DAWN 455 DOUGLAS AVE SUITE 1755 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name: Dawn Kleinsmith Street Address (P.O. Box Number is Not Acceptable): 385 Douglas Ave., Ste 3350 City: Altamonte Springs, FL Zip Code: 32714	
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:  Dawn Kleinsmith 1-5-06 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, 2006		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, RONALD E 455 DOUGLAS AVE SUITE 1755 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Terry L. Day 385 Douglas Ave. ste 3350 Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAY, TERRY 455 DOUGLAS AVE SUITE 1755 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Ronald E. Wilson 385 Douglas Ave., Ste. 3350 Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALLISON, RACHAEL 455 DOUGLAS AVE SUITE 1755 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Rachael Allison 385 Douglas Ave., Ste 3350 Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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:  Terry L. Day 1-5-06 407-262-7900		Date: Daytime Phone #	