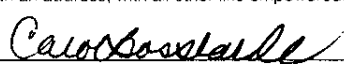


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90022 036 \*\*\*\*61.25

<b>DOCUMENT # N06000003264</b> 1. Entity Name <b>CRICKET CLUB II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>134 E. CALL ST. STARKE, FL 32091</b>			Mailing Address <b>134 E. CALL ST. STARKE, FL 32091</b>		
2. Principal Place of Business - No P.O. Box # <b>5522 NW 43 STREET</b>		3. Mailing Address <b>5522 NW 43 STREET</b>			
Suite, Apt. #, etc. <b>SUITE B</b>		Suite, Apt. #, etc. <b>SUITE B</b>			
City & State <b>GAINESVILLE, FL</b>		City & State <b>GAINESVILLE, FL</b>		4. FFI Number <b>26-0493613</b>	
Zip <b>32653</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOSSHARDT, KIM 5532 NW 43RD ST. GAINESVILLE, FL 32653</b>			7. Name and Address of New Registered Agent Name <b>Debbie Houdershelt</b> Street Address (P.O. Box Number is Not Acceptable) <b>5522-B NW 43 Street</b>  City <b>Gainesville</b> <b>FL</b> Zip Code <b>32653</b>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <b>Debbie Houdershelt</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>4-15-08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WHITE, JOB E 134 E. CALL ST. STARKE, FL 32091</b> <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	<b>ST BOSSHARDT, CAROL 5542 NW 43 ST. GAINESVILLE, FL 32653</b> <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	<b>V -- WILLIAMS, THOMAS W. JR. P.O. BOX 368 ARCHER, FL 32618</b> <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	
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.					
<b>SIGNATURE:</b> 			<b>4.15.2008</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40071193



01042008 Chg-NP CR2E037 (12/06)