

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N13646	
1. Entity Name CHERRYWOOD COVE CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 4730 SE 1ST PL #102 #102 CAPE CORAL, FL 33904	Mailing Address 4730 SE 1ST PL #102 #102 CAPE CORAL, FL 33904



04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2677021	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINS, CAROL
4730 SE FIRST PL. -CONDO 102
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	WILKINS, CAROL
STREET ADDRESS	4730 SE 1ST PL, UNIT 102
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	CONY, RONALD
STREET ADDRESS	4730 SE 1ST PL UNIT 203
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	SCHWARTZ, TODD
STREET ADDRESS	4730 SE 1ST PL, UNIT 201
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	P
NAME	KUROWSKI, MICHAEL
STREET ADDRESS	4730 SE 1ST PL, UNIT 101
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	PESKA, CHAD
STREET ADDRESS	4730 SE 1ST PL UNIT 202
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	FESS, CLAUDIA
STREET ADDRESS	4730 SE 1ST PL UNIT 103
CITY-ST-ZIP	CAPE CORAL, FL 33904

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04/27/05-80119-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/05 239-357-3103