

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90031 027 \*\*\*\*61.25

<b>DOCUMENT # N13646</b> 1. Entity Name <b>CHERRYWOOD COVE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4730 SE 1ST PL CAPE CORAL, FL 33904</b>			Mailing Address <b>1904 CAPE CORAL PKWY WEST CAPE CORAL, FL 33914</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2677021</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MIZRACHI, SHARON R 1904 CAPE CORAL PKWY WEST CAPE CORAL, FL 33914</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				1/8/08 <small>DATE</small>	
<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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>MOORE, MALINDA 4730 SE 1ST PL, UNIT 102 CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <b>SANDS, JOHN 4730 SE 1ST PL, UNIT 202 CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <b>BRAZUK, DUANE 4730 SE 1ST PL, UNIT 101 CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>BRADLEY, ALAN 4730 SE 1ST PL, UNIT 103 CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SMITH, STEVE 4730 SE 1ST PL, UNIT 203 CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CONSIGLIATI, VINCENZO B 4730 SE 1ST PL, UNIT 201 CAPE CORAL, FL 33904</b>	<input checked="" type="checkbox"/> Delete			
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>MALINDA MOORE</b>					
1/8/08 239)549-0239 <small>Date Daytime Phone #</small>					