

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13646

FILED
Jan 16, 2009
Secretary of State

Entity Name: CHERRYWOOD COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4730 SE 1ST PL
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1904 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 59-2677021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIZRACHI, SHARON R
1904 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MOORE, MALINDA
Address: 4730 SE 1ST PL, UNIT 102
City-St-Zip: CAPE CORAL, FL 33904

Title: VP/D () Delete
Name: SANDS, JOHN
Address: 4730 SE 1ST PL, UNIT 202
City-St-Zip: CAPE CORAL, FL 33904

Title: T/D () Delete
Name: BRAZUK, DUANE
Address: 4730 SE 1ST PL, UNIT 101
City-St-Zip: CAPE CORAL, FL 33904

Title: S/D () Delete
Name: BRADLEY, ALAN
Address: 4730 SE 1ST PL, UNIT 103
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SMITH, STEVE
Address: 4730 SE 1ST PL, UNIT 203
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CONSIGLIATI, EMANUELE
Address: 4730 SE 1ST PL, UNIT 201
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON R. MIZRACHI

AGT

01/16/2009

Electronic Signature of Signing Officer or Director

Date