

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34100** (0)
1. Corporation Name
**CUNNINGHAM CREEK UNIT III HOME OWNER'S ASSOCIATI
ON, INC.**

Principal Place of Business 445-26 STATE RD. 13 SUITE 356 JACKSONVILLE FL 32259	Mailing Address 445-26 STATE RD. 13 SUITE 356 JACKSONVILLE FL 32259
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3. Date Incorporated or Qualified

09/12/1989

4. FEI Number

59-2971067

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28
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5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATHIS, DON
245 HAWKCREST DR., E.
JACKSONVILLE FL 32259**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, DON	1.2 NAME	
STREET ADDRESS	2145 HAWKCREST DR., E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEY, MICHAEL S	2.2 NAME	BRAD COLLIER
STREET ADDRESS	2219 HAWKCREST DRIVE EAST	2.3 STREET ADDRESS	2247 HAWKCREST DRIVE EAST
CITY-ST-ZIP	JACKSONVILLE FL 32259	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, RANDY	3.2 NAME	
STREET ADDRESS	2120 WHITE WING DOVE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIASTRE, GEORGE JR.	4.2 NAME	
STREET ADDRESS	2170 HAWKCREST DRIVE EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DON	5.2 NAME	
STREET ADDRESS	2146 HAWKCREST DR., E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEE, DON J	6.2 NAME	VD
STREET ADDRESS	1923 WEB FOOT PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

2/22/97

904-387-4661

CR2E037 (10/97)