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**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90115 044 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34100**

1. Corporation Name

**CUNNINGHAM CREEK UNIT III HOME OWNER'S ASSOCIATION, 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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/12/1989

4. FEI Number

59-2971067

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

MATHIS, DON  
2145 HAWKCREST DR., E.  
JACKSONVILLE FL 32259

(2145)

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATHIS, DON	
STREET ADDRESS	2145 HAWKCREST DR., E.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIER, BRAD	
STREET ADDRESS	2247 HAWKCREST DRIVE E	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JENNINGS, RANDY	
STREET ADDRESS	2120 WHITE WING DOVE PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BIASTRE, GEORGE JR.	
STREET ADDRESS	2170 HAWKCREST DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, DON	
STREET ADDRESS	2146 HAWCREST DR., E.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SLEE, DON J	
STREET ADDRESS	1923 WEB FOOT PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

904-387-4661

Daytime Phone #