


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34100</b>	
1. Entity Name <b>CUNNINGHAM CREEK UNIT III HOME OWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>445-26 STATE RD. 13 SUITE 356 JACKSONVILLE, FL 32259</b>	Mailing Address <b>445-26 STATE RD. 13 SUITE 356 JACKSONVILLE, FL 32259</b>
--	--



02262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2971067</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>MATHIS, DON 2145 HAWKCREST DR E JACKSONVILLE, FL 32259</b>
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when re-registering)	DATE _____
---	---	------------

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000001479253 04/08/06-80039-019 70.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHIS, DON 2145 HAWKCREST DR., E. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, KEVIN 2130 HAWKCREST DR E JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROE, FRANCES E 2129 HAWKCREST DRIVE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WANTEZ, DAN 1969 WEB FOOT PLACE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, DON 2146 HAWKCREST DR., E. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEE, DON J 1923 WEB FOOT PLACE JACKSONVILLE, FL 32259

DO NOT WRITE  
IN THIS SPACE

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> <u>Frances E Roe</u> <b>FRANCES E ROE</b>	<b>3-21-06</b>	<b>9048864743</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone</small>