


FILED
Mar 10, 2008 8:00 am
Secretary of State

<h1>DOCUMENT # N34100</h1>		
1. Entity 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 - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		
MATHIS, DON 2145 HAWKCREST DR E JACKSONVILLE, FL 32259		Name
		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATHIS, DON 2145 HAWKCREST DR., E. JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	11.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MURPHY, KEVIN 2130 HAWKCREST DR E JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROE, FRANCES E 2129 HAWKCREST DRIVE JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WANTEZ, DAN 1969 WEB FOOT PLACE JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLACK, DON 2146 HAWCREST DR., E. JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SLEE, DON J 1923 WEB FOOT PLACE JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

ATTACHMENT 40041958

#N34100

#11 ADDITIONAL MEMBER

D JASON T ROEGER

2107 HAWKCREST DR E

JACKSONVILLE FL 32259