

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34100

FILED
Mar 19, 2009
Secretary of State

Entity Name: CUNNINGHAM CREEK UNIT III HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

445-26 STATE RD. 13
SUITE 356
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

445-26 STATE RD. 13
SUITE 356
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-2971067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIS, DON
2145 HAWKCREST DR E
JACKSONVILLE, FL 32259 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: VP () Delete
Name: MATHIS, DON,
Address: 2145 HAWKCREST DR., E.
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD () Delete
Name: BIASTRE JR, GEORGE
Address: 2170 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

Title: T () Delete
Name: SMITH, ANGELA H
Address: 2178 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD () Delete
Name: WANTEZ, DAN
Address: 1969 WEB FOOT PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: SMITH, HOWELL
Address: 2178 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: SMITH, JOHN
Address: 1972 WEB FOOT PLACE
City-St-Zip: JACKSONVILLE, FL 32259

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

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: ANGELA SMITH

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date