

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90293 002 ****61.25

DOCUMENT # N36950

1. Entity Name

CHERRYTREE SUBDIVISION COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**4400 NW 36TH AVE
GAINESVILLE FL 32606
US**

Mailing Address

**4400 NW 36TH AVE
GAINESVILLE FL 32606
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-3084477

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIPPE, PAT
4400 NW 36TH AVE.
GAINESVILLE FL 32606**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KRAMER, BERNAND
STREET ADDRESS 3928 NW 23 DR
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE VPD ☒ Delete
NAME KING, CHARLES
STREET ADDRESS 4112 N.W. 23 DRIVE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ Delete
NAME PEREZ, ROGUE
STREET ADDRESS 3906 NW 23 DR.
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME Kramer, Bernard
STREET ADDRESS 3928 NW 23 Dr
CITY-ST-ZIP Gainesville, FL 32605

TITLE PD ☐ Change ☒ Addition
NAME Perry, Joe
STREET ADDRESS 2327 NW 42 Ave
CITY-ST-ZIP Gainesville, FL 32605

TITLE TD ☒ Change ☐ Addition
NAME Perez, Rogue
STREET ADDRESS 3906 NW 23 Dr
CITY-ST-ZIP Gainesville, FL 32605

TITLE VD ☐ Change ☒ Addition
NAME Ford, Lestine
STREET ADDRESS 2319 NW 42 Ave
CITY-ST-ZIP Gainesville, FL 32605

TITLE SD ☐ Change ☒ Addition
NAME Cooke, Bryan
STREET ADDRESS 2326 NW 41 Ave
CITY-ST-ZIP Gainesville, FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

[Signature]