

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36950

FILED  
Jan 18, 2008  
Secretary of State

**Entity Name:** CHERRYTREE SUBDIVISION COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 NW 36TH AVE  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

**Current Mailing Address:**

4400 NW 36TH AVE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

**FEI Number:** 59-3084477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

TRIPPE, PAT  
5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

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:

01/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KRAMER, BERNAND  
Address: 3928 NW 23 DR  
City-St-Zip: GAINESVILLE, FL 32605

Title: PD ( ) Delete  
Name: PERRY, JOE  
Address: 2327 NW 42ND AVE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VD ( ) Delete  
Name: FORD, LESTINE  
Address: 2319 NW 42ND AVE  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD ( ) Delete  
Name: COOKE, BRYAN  
Address: 2326 NW 41ST AVE  
City-St-Zip: GAINESVILLE, FL 32605

**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:

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: JOE PERRY

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date