

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2008
Secretary of State**

DOCUMENT# N36950

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