

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36950

FILED
Apr 25, 2009
Secretary of State

Entity Name: CHERRYTREE SUBDIVISION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

CONNER, SARAH AGENT
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: SARAH CONNER, AGENT

04/25/2009

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: DA FROTA, JAMIE
Address: 3925 NW 23RD TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: S (X) Change () Addition
Name: PEREZ, ROQUE
Address: 3906 NW 23RD DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Change (X) Addition
Name: JOHNSON, MICHAEL
Address: 23165 NW 42ND PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Change (X) Addition
Name: BAIRLEY, CHERYL
Address: 4215 NW 23RD TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date