2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004685

1. Entity Name
CARDINAL CREEK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
THOMAS MCGLINCHY
1140 CARDINAL CREEK PL
OVIEDO, FL 32765 US

Mailing Address
THOMAS MCGLINCHY
1140 CARDINAL CREEK PL
OVIEDO, FL 32765 US

DO NOT WRITE IN THIS SPACE

01212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3228598
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCGLINCHY, THOMAS J
1140 CARDINAL CREEK PLACE
OVIEDO, FL 32765

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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 ____________ 2/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) Date

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000423341
02/18/06-80024-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCGLINCHY, THOMAS J
STREET ADDRESS	1140 CARDINAL CREEK PL
CITY ST ZIP	OVIEDO, FL 32765
TITLE	VD
NAME	PARCHMENT, RONALD
STREET ADDRESS	1157 CARDINAL CREEK PLACE
CITY ST ZIP	OVIEDO, FL 32765
TITLE	STD
NAME	CHRISTENSEN, JENNIFER
STREET ADDRESS	1116 CARDINAL CREEK PLACE
CITY ST ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jennifer Christensen 2/1/06 407-644-7455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jennifer Christensen