

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90027 031 ****61.25

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**

40029546



2. Principal Place of Business - No P.O. Box #

Michael Colter

3. Mailing Address

Michael Colter

Suite, Apt. #, etc.

1173 Cardinal Creek PL

Suite, Apt. #, etc.

1173 Cardinal Creek PL

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip

32765

Country

USA

Zip

32765

Country

USA

02172008

Chg-NP

CR2E037 (12/06)

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**

7. Name and Address of Now Registered Agent

Name **Michael Colter**

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

1173 Cardinal Creek Place

City

OVIEDO

FL

Zip Code

32765

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]

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

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

DATE

Michael Colter President 2-19-08

**Filing Fee is \$61.25
Due by May 1, 2008**

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	<input checked="" type="checkbox"/> Delete
NAME	MCGLINCHY, THOMAS J	
STREET ADDRESS	1140 CARDINAL CREEK PL	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARCHMENT, RONALD	
STREET ADDRESS	1157 CARDINAL CREEK PLACE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, JENNIFER	
STREET ADDRESS	1116 CARDINAL CREEK PLACE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colter, Michael	
STREET ADDRESS	1173 cardinal creek place	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Jennifer Christensen 2/17/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407
657 4236**