

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004685

FILED
Feb 16, 2009
Secretary of State

Entity Name: CARDINAL CREEK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

MICHAEL COLTER
1173 CARDINAL CREEK PL
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

MICHAEL COLTER
1173 CARDINAL CREEK PL
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3228598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLTER, MICHAEL
1173 CARDINAL CREEK PL
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

COLTER, MICHAEL
1173 CARDINAL CREEK PL
OVIEDO, FL 32765 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: MICHAEL COLTER

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLTER, MICHAEL
Address: 1173 CARDINAL CREEK PL
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: PARCHMENT, RONALD
Address: 1157 CARDINAL CREEK PLACE
City-St-Zip: OVIEDO, FL 32765

Title: STD () Delete
Name: CHRISTENSEN, JENNIFER
Address: 1116 CARDINAL CREEK PLACE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: DELGADO, DANIEL
Address: 1129 CARDINAL CREEK PLACE
City-St-Zip: OVIEDO, FL 32765

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: JENNIFER CHRISTENSEN

STD

02/16/2009

Electronic Signature of Signing Officer or Director

Date