

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 19, 2007 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
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02142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3228598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGLINCHY, THOMAS J 1140 CARDINAL CREEK PL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PARCHMENT, RONALD 1157 CARDINAL CREEK PLACE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHRISTENSEN, JENNIFER 1116 CARDINAL CREEK PLACE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/01/07-80038-014 61.25

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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 Treasurer Date: 2/14/07 Daytime Phone #: 407-644-7455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR