

**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**



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 ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 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, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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03/01/07-80038-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07

Date

407-644-7455

Daytime Phone #