

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

0013429

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1. Entity Name

CEDAR CREEK PROPERTY OWNERS ASSOCIATION, INC.

08-21-2001 90029 005 ****61.25

Principal Place of Business

Mailing Address

21131 COUNTRY CREEK DR.
 ESTERO FL 33928
 US

**Gulf Coast Management
 Services, Inc.
 10060 Amberwood Rd. Suite 4
 Ft. Myers, FL 33913**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0489975**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GELLES, BOB
 C/O GULF COAST MANAGEMENT SVCS
 10060 AMBERWOOD RD -STE 4
 FORT MYERS FL 33913~~

Name **Ken Hayden**
 Street **Gulf Coast Management Services, Inc.**
10060 Amberwood Rd. Suite 4
 City **Ft. Myers, FL 33913**
 Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD GRIMES, JOSEPH**
 STREET ADDRESS **10491 SIX MILE CYPRESS PKWY**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MCMURRAY, DARIN**
 STREET ADDRESS **10491 SIX MILE CYPRESS PKWY.**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD BURNS, ALAN R**
 STREET ADDRESS **10491 SIX MILE CYPRESS PKWY.**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

8/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)