

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90017 011 \*\*\*\*61.25

<b>DOCUMENT # N96000002921</b>					
<b>1. Entity Name</b> CANNON CREEK AIRPARK HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2409 SW SISTERS WELCOME RD SUITE 102 LAKE CITY, FL 32025 US			<b>Mailing Address</b> 2409 SW SISTERS WELCOME RD SUITE 102 LAKE CITY, FL 32025 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2409SW SistersWelcomeRD Suite, Apt. #, etc. Suite 103		<b>3. Mailing Address</b> 2409SW SistersWelcomeRD Suite, Apt. #, etc. Suite 103			
<b>City &amp; State</b> Lake City, Florida		<b>City &amp; State</b> Lake City, Florida		<b>4. FEI Number</b> 59-2808897	
<b>Zip</b> 32025-2920		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GOMEZ, ANGEL 222 SW AIRPARK GLN LAKE CITY, FL 32025			<b>7. Name and Address of New Registered Agent</b> Name: Mark S. Wiencek Street Address (P.O. Box Number is Not Acceptable): 443 SW Airpark Glen City: Lake City FL Zip Code: 32025-1618		
<b>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.</b>					
SIGNATURE: <i>Mark S. Wiencek</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>M. S. Wiencek</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: 1/13/08	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> GOMEZ, ANGEL <b>STREET ADDRESS</b> 222 SW AIRPARK GLN <b>CITY-ST-ZIP</b> LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Mark S. Wiencek <b>STREET ADDRESS</b> 443 SW Airpark Glen <b>CITY-ST-ZIP</b> Lake City, Florida 32025-1618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DOLBOW, RAYMOND <b>STREET ADDRESS</b> 311 AIRPARK GLEN <b>CITY-ST-ZIP</b> LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Noel J. Mouchou <b>STREET ADDRESS</b> 286 SW Airpark Glen <b>CITY-ST-ZIP</b> Lake City, Florida 32025-1613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WILSON, KATHY M <b>STREET ADDRESS</b> 469 SW AIRPARK GLEN <b>CITY-ST-ZIP</b> LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Elaine G. Phillips <b>STREET ADDRESS</b> 356 SW Airpark Glen <b>CITY-ST-ZIP</b> Lake City, Florida 32025-1615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> CHAMBERS, JAMES R <b>STREET ADDRESS</b> RT 18, BOX 634-3 <b>CITY-ST-ZIP</b> LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Robert G. Jaeger <b>STREET ADDRESS</b> 445 SW Cessna Court <b>CITY-ST-ZIP</b> Lake City, Florida 32025-1629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BLAKE, SALLY D <b>STREET ADDRESS</b> ROUTE 18, BOX 628 <b>CITY-ST-ZIP</b> LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Robert M. Foti <b>STREET ADDRESS</b> 2221 SW Sisters Welcome Road <b>CITY-ST-ZIP</b> Lake City, Florida 32025-2927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> STRATTON, BILLY G <b>STREET ADDRESS</b> RT 18, BOX 631 <b>CITY-ST-ZIP</b> LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> William T. Foti <b>STREET ADDRESS</b> 2193 SW Sisters Welcome Road <b>CITY-ST-ZIP</b> Lake City, Florida 32025-2908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 another like empowered.</b>					
<b>SIGNATURE:</b> <i>M. S. Wiencek</i> Mark S. Wiencek			DATE: 1/13/08 DAYTIME PHONE: 386-466-1871		