


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001338

1. Entity Name
CHERRY GROVE NEIGHBORS ASSOCIATION, INC.



Principal Place of Business Mailing Address

9455 SW 92ND STREET **9455 SW 92ND STREET**
MIAMI, FL 33176 **MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
65-0735530 Not Applicable

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

6. Name and Address of Current Registered Agent

WHEATMAN, MYRNA
9455 SW 92ND STREET
MIAMI, FL 33176

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

~~02/18/06 00033-023 61.25~~

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LUTZ, SHARON
STREET ADDRESS	9031 SW 92 CT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VPD
NAME	FINKEL, MARCIA
STREET ADDRESS	9395 SW 89 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	T
NAME	FERNANDEZ, CARLOS
STREET ADDRESS	8955 S.W. 93 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	P
NAME	WHEATMAN, MYRNA
STREET ADDRESS	9455 SW 92 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Myrna Wheatman, Pres. MYRNA WHEATMAN Date: 2/1/06 Daytime Phone: 305-595-1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #