


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90023 008 ****61.25

DOCUMENT # N97000001338

1. Entity Name
 CHERRY GROVE NEIGHBORS ASSOCIATION, INC.



Principal Place of Business
 9455 SW 92ND STREET
 MIAMI, FL 33176

Mailing Address
 9455 SW 92ND STREET
 MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0735530

Applied For
 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 305-595-1008
 Date Daytime Phone #