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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Wortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002516 (9)
1. Corporation Name

CHERRYWOOD ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 10485 SW 62ND CT. OCALA FL 34476
Mailing Address: 10465 SW 62ND CT. OCALA FL 34476

3. Date Incorporated or Qualified: 05/01/1997
4. FEI Number: 59-2714148
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: ZACCO, CHRISTOPHER B, 10465 SW 62ND CT., OCALA FL 34476
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ZACCO, CHRISTOPHER B	1.1 TITLE	
NAME	ZACCO, CHRISTOPHER B	1.2 NAME	
STREET ADDRESS	10465 SW 62ND CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	1.4 CITY-ST-ZIP	
TITLE	D ZACCO, MARIO T	2.1 TITLE	
NAME	ZACCO, MARIO T	2.2 NAME	
STREET ADDRESS	10465 SW 62ND CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	2.4 CITY-ST-ZIP	
TITLE	D ZACCO, JOHN J	3.1 TITLE	
NAME	ZACCO, JOHN J	3.2 NAME	
STREET ADDRESS	10465 SW 62ND CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christopher B Zacco President* 4-29-98

CP2E037 (10/97)