

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005857 (4)
 1. Corporation Name
CUSHING CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 5063 THOMAS CREEK DRIVE CALLAHAN FL 32011	Mailing Address 5063 THOMAS CREEK DRIVE CALLAHAN FL 32011
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3. Date Incorporated or Qualified 10/17/1997		
4. FEI Number 59-3504836	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
HIGGINBOTHAM, MARVIN E
5063 THOMAS CREEK DRIVE
CALLAHAN FL 32011

10. Name and Address of New Registered Agent
 81 Name
MARVIN E Higginbotham
 82 Street Address (P.O. Box Number is Not Acceptable)
5063 THOMAS CREEK DR.
 83 City
CALLAHAN FLA 32011
 84 City
FL 85 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 *Marvin E Higginbotham* **Marvin E Higginbotham** **4-28-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT "D"	<input type="checkbox"/> DELETE
NAME MARVIN E Higginbotham	
STREET ADDRESS 5063 THOMAS CREEK DR	
CITY-ST-ZIP CALLAHAN FLA 32011	
TITLE VICE-PRESIDENT "D"	<input type="checkbox"/> DELETE
NAME MILDRED P. Higginbotham	
STREET ADDRESS 5063 THOMAS CREEK DR.	
CITY-ST-ZIP CALLAHAN FLA 32011	
TITLE SANDRA O'NEAL	<input type="checkbox"/> DELETE
NAME 5063 THOMAS CREEK DR.	
STREET ADDRESS CALLAHAN FLA 32011 "D"	
CITY-ST-ZIP SECRETARY - TREASURER "D"	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)