


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 |
|--|---|---|

DOCUMENT # **N97000005857 (4)**

1. Corporation Name

CUSHING CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5063 THOMAS CREEK DRIVE
CALLAHAN FL 32011**

**5063 THOMAS CREEK DRIVE
CALLAHAN FL 32011**

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

59-3504836

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip 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

10. Name and Address of New Registered Agent

**HIGGINBOTHAM, MARVIN E
5063 THOMAS CREEK DRIVE
CALLAHAN FL 32011**

81 Name **MARVIN E HIGGINBOTHAM**

82 Street Address (P.O. Box Number is Not Acceptable)
5063 THOMAS CREEK DR.

83 **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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---|
| 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 DUTHER <input type="checkbox"/> DELETE |
| NAME | 5063 THOMAS CREEK DR. |
| STREET ADDRESS | CALLAHAN FLA 32011 "D" |
| CITY-ST-ZIP | SECRETARY - TREASURER |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|---|
| 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)