

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004014

FILED
Mar 30, 2006
Secretary of State

Entity Name: CHERRYWOOD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W S.R. 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W S.R. 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3559051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
% SENTRY MANAGEMENT, INC.
2180 W. S.R. 434, STE 5000
LONGWOOD, FL 32279 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAFARELLE, FRANK
Address: 7971 CHERRY BLOSSOM DR N
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD () Delete
Name: WICKER, CRISTINA
Address: 7924 CHERRY BLOSSOM DR N
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD () Delete
Name: DIOSO, LAWRENCE
Address: 7977 CHERRY BLOSSOM DR N
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STURM, MATTHEW
Address: 7852 CHERRY FIELD DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PRINCE, STEPHANIE
Address: 7845 CHERRY FIELD DR
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW STURM

PD

03/30/2006

Electronic Signature of Signing Officer or Director

Date