

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000045148 (2)

1. Corporation Name

CHERRY HILLS DEVELOPMENT, INC.



Principal Place of Business Mailing Address
~~3616 MAGNOLIA POINT BLVD.~~ ~~GREEN COVE SPRINGS FL 32043~~
3690 Cherry Hills Ct. 1915 Medinah Ln.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 3690 Cherry Hills Ct.
22 City & State 27 Green Cove Springs, Fl.
23 Zip 28 32043 29 Country 30 Clay
24 25 29 30

3. Date Incorporated or Qualified 06/14/1993 3a. Date of Last Report 02/28/1995
4. FEI Number 59-3226500 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
VAN ROYAL, BERT 81 Name
3616 MAGNOLIA POINT BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)
GREEN COVE SPRINGS FL 32043 83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and his or her position

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SCHWATLO, WINFRIED
STREET ADDRESS 3616 MAGNOLIA POINT BLVD.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043
TITLE VST ☐ DELETE
NAME VAN ROYAL, BERT
STREET ADDRESS 3616 MAGNOLIA POINT BLVD.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Treasurer ☒ Change ☐ Addition
2.2 NAME Betty J. Tracy
2.3 STREET ADDRESS 1915 Medinah Ln.
2.4 CITY-ST-ZIP Green Cove Springs, FL 32043
3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME Van Royal, Bert
3.3 STREET ADDRESS 3616 Magnolia Point Blvd.
3.4 CITY-ST-ZIP Green Cove Springs, FL 32043
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change is on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winfried Schwatlo APRIL 12, 96

Date

Daytime Phone: #

CR2E034 (12/95)