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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3690 CHERRY HILLS CT
GREEN COVE SPRINGS FL 32043
US

3690 CHERRY HILLS CT
GREEN COVE SPRINGS FL 32043-8050
US



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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

06/14/1993

04/17/1996

4. FEI Number

Applied For

59-3226500

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

VAN ROYAL, BERT
3616 MAGNOLIA POINT BLVD.
GREEN COVE SPRINGS FL 32043

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SCHWATLO, WINFRIED
STREET ADDRESS 3616 MAGNOLIA POINT BLVD.
CITY- ST- ZIP GREEN COVE SPRINGS FL 32043

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE VST ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME VAN ROYAL, BERT
STREET ADDRESS 3616 MAGNOLIA POINT BLVD.
CITY- ST- ZIP GREEN COVE SPRINGS FL 32043

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE S ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME VAN ROYAL, BERT
STREET ADDRESS 3616 MAGNOLIA POINT BLVD
CITY- ST- ZIP GREEN COVE SPRINGS FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

14. I do 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 a 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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

Date

904-284-2514

Daytime Phone #

CR2E034 (9/96)