PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000045148

1. Corporation Name

CHERRY HILLS DEVELOPMENT, INC.

								1	
Principal Place of Business Mailing Address								•	
3690 CHERRY HILLS CT 3690 CHERRY HILLS CT									
	SPRINGS FL 32043		GREEN COVE SPRINGS FL 32043				DO NOT WRITE IN THIS SPACE		
us us							3. Date Incorporated or Qualifed		
							06/14/1993		
2 Principal P	lace of Business	2a Ma	2a. Mailing Address				4. FEI Number Applied For	$\dashv$	
Z. Prinicipal Pi	lace of business	—————————————————————————————————————	26. Walling Address				59-3226500 Not Applicab	le l	
Suite, Apt.	# etc		Suite, Apt. #, etc.				_ \$8.75 Additional	_	
	#, <del>E</del> tc.	_	27				5. Certificate of Status Desired Fee Required	ļ	
City & State	0		City & State				6. Election Campaign Financing \$5.00 May Be	$\dashv$	
<b>一 ´</b>	<b>e</b>	— —	28				Trust Fund Contribution Added to Fees	/ [	
Zip Country			Zip Country				8. This corporation owes the current year Intangible	$\neg$	
<del></del>	25		,		,		Personal Property Tax.		
24	9. Name and Address of Curro	29 ent Registere	d Agent				10. Name and Address of New Registered Agent		
	5. Name and Address of Curr	rrogiotore		8	31	Name			
GUE	SS, GEORGE R				32			_	
	COLONIAL DR					Street Add	dress (P.O. Box Number is Not Acceptable)		
	EN COVE SPRINGS FL 32043			5	33			$\neg$	
W. (2)	EN OOVE ON AMICO VE GEO IS			- 1					
				8	34	City	FL 85 Zip Code		
		-00 1003	500 Fl. 44- 01-1-4	46 - 1			1 1 <u>-</u>	-	
office or r	egistered agent, or both, in the Stat	e of Florida. S	Such change was a	iuthorized t	ov tr	-nameo corp he corporati	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the oblig	gations of, Se	ction 607.0505, Flo	orida Statut	es.	•			
SIGNATURE									
	Signature, typed or printed name of registered as				gent :	signature require	DATE  ADDITIONS CHANGES TO DEFICE BY AND DIRECTORS IN 12	$\dashv$	
12.	OFFICERS A	AND DIRECT	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ion	
TITLE	P		I'' DEFE IE	1.1 TITLI			Onlarige	~	
NAME	SCHWATLO, WINFRIED			1.2 NAM					
STREET ADDRESS					1.3 STREET ADDRESS				
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043				1,4 CITY-ST-ZIP				
TITLE	VST □ DELETE			2.1 TITU	2.1 TITLE		Change Addit	ion	
NAME	GUESS, GEORGE R			2.2 NAM	2.2 NAME				
STREET ADDRESS	3690 CHERRY HILLS CT				2.3 STREET ADDRESS		•		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043			2.4 CIT	Y-ST	-ZIP			
TITLE			☐ DELETE	3.1 TITL	E		☐ Change ☐ Addit	ion	
NAME				3.2 NAM	ŧΕ				
STREET ADDRESS	·			3.3 STR	EET A	ADORESS			
CITY-ST-ZIP	•			3.4. CfT		!			
TITLE			☐ DELETE	4.1 TITL	E		☐ Change ☐ Addit	ion	
NAME				4, 2 NAA	ИE				
						ADDRESS			
STREET ADDRESS				4.4 CITY					
CITY-ST-ZIP			☐ DELETE	5.1 TML		-217	. Change Addit	ion	
TITLE			_ 5222,2	5.1 III					
NAME						ADDRESS			
STREET ADDRESS									
CITY-ST-ZIP			[] DELETE	6.1 TITL		-214	☐ Change ☐ Addii	ion	
TITLE	}		☐ DELETE	6.2 NAM				.541	
NAME	İ			0.Z N/W	-	1			

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with address, with all other like empowered.

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90002 041 \*\*\*150.00