

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006427

**Entity Name:** CHERRY OAKS AT FIDDLER'S CREEK CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**5748051080CC****Current Principal Place of Business:**C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH STE. 402  
NAPLES, FL 34103**Current Mailing Address:**C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH STE. 402  
NAPLES, FL 34103 US**FEI Number: 20-1683664****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAMBRIDGE PROPERTY MANAGEMENT OF SWFL  
C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH STE. 402  
NAPLES, FL 34103 US*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: PAUL FARESE****04/16/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NEPERENY, DAVE  
Address        C/O CAMBRIDGE PROPERTY  
                  MANAGEMENT  
                  2335 TAMIAMI TRAIL NORTH STE. 402  
City-State-Zip:    NAPLES FL 34103

Title            VP  
Name            PETERS, DICK  
Address        C/O CAMBRIDGE PROPERTY  
                  MANAGEMENT  
                  2335 TAMIAMI TRAIL NORTH STE. 402  
City-State-Zip:    NAPLES FL 34103

Title            TREASURER  
Name            FARRELL, BOB  
Address        C/O CAMBRIDGE PROPERTY  
                  MANAGEMENT  
                  2335 TAMIAMI TRAIL NORTH STE. 402  
City-State-Zip:    NAPLES FL 34103

Title            SECRETARY  
Name            CRAYCRAFT, ROGER  
Address        C/O CAMBRIDGE PROPERTY  
                  MANAGEMENT  
                  2335 TAMIAMI TRAIL NORTH STE. 402  
City-State-Zip:    NAPLES FL 34103

Title            DIRECTOR  
Name            ABSALOM, ROBERT  
Address        C/O CAMBRIDGE PROPERTY  
                  MANAGEMENT  
                  2335 TAMIAMI TRAIL NORTH STE. 402  
City-State-Zip:    NAPLES FL 34103

I hereby 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 all other like empowered.

**SIGNATURE: DAVE NEPERENY****PRES****04/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date