

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008665

**FILED**  
**Jan 04, 2018**  
**Secretary of State**  
**CC8837701126**

**Entity Name:** ESTATES AT CHERRY LAKE MASTER HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

3600 GALILEO DRIVE  
SUITE 104  
TRINITY, FL 34655

**Current Mailing Address:**

3600 GALILEO DRIVE  
SUITE 104  
TRINITY, FL 34655 US

**FEI Number: 20-3355762**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ORSI, JENNIFER  
3600 GALILEO DRIVE  
SUITE 104  
TRINITY, FL 34655 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BUCK, PATRICIA O  
Address 3600 GALILEO DRIVE  
SUITE 104  
City-State-Zip: TRINITY FL 34655

Title D, VP, TREASURER  
Name ORSI, MICHELLE  
Address 3600 GALILEO DRIVE  
SUITE 104  
City-State-Zip: TRINITY FL 34655

Title D, VP, SECRETARY  
Name ORSI, JENNIFER  
Address 3600 GALILEO DRIVE  
SUITE 104  
City-State-Zip: TRINITY FL 34655

*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: PATRICIA O. BUCK**

**PRESIDENT**

**01/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date