

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34100

FILED
Feb 25, 2018
Secretary of State
CC7962131227**Entity Name:** CUNNINGHAM CREEK UNIT III HOME OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**1969 WEB FOOT PLACE
ST. JOHNS, FL 32259**Current Mailing Address:**PO BOX 600071
JACKSONVILLE, FL 32260**FEI Number: 59-3023369****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WANTZ, CONNIE B
1969 WEB FOOT PLACE
ST. JOHNS, FL 32259 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: CONNIE B. WANTZ****02/25/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CLAY, GARRY C
Address	1931 WEB FOOT PLACE
City-State-Zip:	ST. JOHNS FL 32259
Title	TREASURER
Name	WANTZ, CONNIE
Address	1969 WEB FOOT DRIVE
City-State-Zip:	ST. JOHNS FL 32259
Title	OFFICER
Name	CREWS, SUSAN
Address	2295 HAWKCREST DRIVE EAST
City-State-Zip:	ST. JOHNS FL 32259

Title	VP
Name	BOLL, ROB
Address	2169 HAWKCREST DRIVE EAST
City-State-Zip:	ST. JOHNS FL 32259
Title	OFFICER
Name	STOLDER, WILL
Address	1944 WEB FOOT PLACE
City-State-Zip:	ST. JOHNS FL 32259
Title	SECRETARY
Name	SMITH, MARY L
Address	1925 WILLOW GROUSE PLACE
City-State-Zip:	ST. JOHNS FL 32259

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: CONNIE B. WANTZ**TREASURER****02/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date