

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34100

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC8149845732****Entity Name:** CUNNINGHAM CREEK UNIT III HOME OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**2145 HAWKCREST DR E  
JACKSONVILLE, 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:**MATHIS, DON  
2145 HAWKCREST DR E  
JACKSONVILLE, 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title DIRECTOR  
Name MATHIS, DON  
Address 2145 HAWKCREST DR., E.  
City-State-Zip: JACKSONVILLE FL 32259Title PD  
Name BIASTRE JR, GEORGE  
Address 2170 HAWKCREST DR E  
City-State-Zip: JACKSONVILLE FL 32259Title T  
Name ROE, FRANCES E  
Address 2129 HAWKCREST DR E  
City-State-Zip: JACKSONVILLE FL 32259Title SD  
Name WANTEZ, DAN  
Address 1969 WEB FOOT PLACE  
City-State-Zip: JACKSONVILLE FL 32259Title VP  
Name SMITH, HOWELL  
Address 2178 HAWKCREST DR E  
City-State-Zip: JACKSONVILLE FL 32259Title DIRECTOR  
Name BOARDMAN, ED  
Address 2335 HAWKCREST DR E  
City-State-Zip: JACKSONVILLE FL 32259Title DIRECTOR  
Name CLAY, GARRY  
Address 1931 WEB FOOT PLACE  
City-State-Zip: JACKSONVILLE 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: FRANCES E ROE****TREASURER****04/27/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date