



Form Revision Date 07/2016

## ANNUAL REPORT

For use by DOMESTIC NONPROFIT CORPORATION  
 (Required by Section 911, Act 162, Public Act of 1982)

The identification number assigned by the Bureau is: 800844964

Annual Report Filing Year: 2021

1. Corporation Name:  
 CHERRY SQUARE CONDOMINIUM ASSOCIATION

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: JILL PAGE

2. Street Address: 2240 W. SOUTH AIRPORT RD.  
 Apt/Suite/Other: SUITE E  
 City: TRAVERSE CITY  
 State: MI Zip Code: 49684

3. Mailing address of the corporation's registered office:  
 P.O. Box or Street Address: 2240 W. SOUTH AIRPORT RD.  
 Apt/Suite/Other: SUITE E  
 City: TRAVERSE CITY  
 State: MI Zip Code: 49684

5. Provide the names and business or residence addresses of the corporation's board of directors and its president, treasurer, and secretary:

| Title     | Name         | Residence or Business Address                                |
|-----------|--------------|--|
| PRESIDENT | JILL PAGE    | 12935 S WEST BAY SHORE DR, #370, TRAVERSE CITY, MI 49684 USA |
| TREASURER | JOE REID     | 12935 S WEST BAY SHORE DR, #370, TRAVERSE CITY, MI 49684 USA |
| SECRETARY | AUBRIE PAZTH | 12935 S WEST BAY SHORE DR, #370, TRAVERSE CITY, MI 49684 USA |
| DIRECTOR  | JOE REID     | 12935 S WEST BAY SHORE DR, #370, TRAVERSE CITY, MI 49684 USA |
| DIRECTOR  | JILL PAGE    | 310 W FRONT ST STE 305, TRAVERSE CITY, MI 49684 USA          |
| DIRECTOR  | AUBRIE PAZTH | 12935 S WEST BAY SHORE DR, #370, TRAVERSE CITY, MI 49684 USA |

6. Describe the purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report:  
 CONDOMINIUM ASSOCIATION

Signed this 28th Day of September, 2022 by:

| Signature         | Title | Title if "Other" was selected |
|-------------------|-------|-------------------------------|
| Heather Lamoreaux | Other | Property Manager              |

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline       Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** 2021 ANNUAL REPORT

***for***

CHERRY SQUARE CONDOMINIUM ASSOCIATION

***ID Number:*** 800844964

***received by electronic transmission on*** September 28, 2022 , ***is hereby endorsed.***

***Filed on*** September 28, 2022 , ***by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 28th day of September, 2022.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***