

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 22 PM 3:41

DOCUMENT # 717776 (9)

1. Corporation Name

CEDAR POINTE VILLAGE NO. 6 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2929 S.E. OCEAN BLVD.
CLUB HOUSE # 3.
STUART FL 34996

2929 S.E. OCEAN BLVD.
CLUB HOUSE # 3.
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1969

3a. Date of Last Report

04/06/1994

4. FEI Number

59-1380035

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORNETT, JANE L, ESQ.
WACKEEN CORNETT & GOOGE
401 E OSCEOLA STREET
STUART, 34995

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: GOUVIER, JOHN
STREET ADDRESS: 2929 SE OCEAN BLVD.
CITY-ST-ZIP: STUART FL

1.1 TITLE: PD
1.2 NAME: Broga, Paul
1.3 STREET ADDRESS: 2929 SE Ocean Blvd 104-7
1.4 CITY-ST-ZIP: Stuart, FL 34996
 Change Addition

TITLE: PD
NAME: MOAT, CHARLES
STREET ADDRESS: 2929 SE OCEAN BLVD #106-6
CITY-ST-ZIP: STUART FL

2.1 TITLE: VPD
2.2 NAME: Gouvier, John
2.3 STREET ADDRESS: 2929 SE Ocean Blvd 110-7
2.4 CITY-ST-ZIP: Stuart, FL 34957
 Change Addition

TITLE: VD
NAME: WOTILA, FELIX
STREET ADDRESS: 2929 SE OCEAN BLVD.
CITY-ST-ZIP: STUART FL

3.1 TITLE: STD
3.2 NAME: Stuart, Robert
3.3 STREET ADDRESS: 2169 SW Olympic Club Terr
3.4 CITY-ST-ZIP: Palm City, FL 34990
 Change Addition

TITLE: D
NAME: NEWTON, HARLAN
STREET ADDRESS: 2929 SE OCEAN BLVD 103-5
CITY-ST-ZIP: STUART FL

4.1 TITLE: D
4.2 NAME: Moat, Charles
4.3 STREET ADDRESS: 2929 SE Ocean Blvd 106-6
4.4 CITY-ST-ZIP: Stuart, FL 34957
 Change Addition

TITLE: STD
NAME: STUART, ROBERT
STREET ADDRESS: SW OLYMPIA TERRACE
CITY-ST-ZIP: PALM CITY FL

5.1 TITLE: D
5.2 NAME: DUBY, Aline
5.3 STREET ADDRESS: 2929 SE Ocean Blvd 102-9
5.4 CITY-ST-ZIP: Stuart, FL 34996
 Change Addition

TITLE: D
NAME: DUBY, CHARLES
STREET ADDRESS: 2929 SE OCEAN BLVD STE 102-9
CITY-ST-ZIP: STUART FL

6.1 TITLE: D
6.2 NAME: Matecki, Betty
6.3 STREET ADDRESS: 2929 SE Ocean Blvd 103-9
6.4 CITY-ST-ZIP: Stuart, FL 34996
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

Robert Stuart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/95

Date

Daytime Phone #