

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717776 (9)
1. Corporation Name
CEDAR POINTE VILLAGE NO. 6 ASSOCIATION, INC.



Principal Place of Business
**2929 S.E. OCEAN BLVD.
CLUB HOUSE # 3.
STUART FL 34996**

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

3. Date Incorporated or Qualified **12/22/1969** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

4. FEI Number **59-1380035** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GOUVER, JOHN	
STREET ADDRESS	2929 SE OCEAN BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOAT, CHARLES	
STREET ADDRESS	2929 SE OCEAN BLVD #106-6	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOTILA, FELIX	
STREET ADDRESS	2929 SE OCEAN BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, HARLAN	
STREET ADDRESS	2929 SE OCEAN BLVD 103-5	
CITY-ST-ZIP	STUART FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	STUART, ROBERT-	
STREET ADDRESS	2169 SW OLYMPIC CLUB TERR-	
CITY-ST-ZIP	PALM CITY FL-	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUBY, CHARLES	
STREET ADDRESS	2929 SE OCEAN BLVD STE 102-9	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOAT, CHARLES	
1.3 STREET ADDRESS	2929 SE OCEAN BLVD. # 106-6	
1.4 CITY-ST-ZIP	STUART, FL. 34994	
2.1 TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRETHEWAY, DENNIS	
2.3 STREET ADDRESS	2229 SE OCEAN BLVD. # 113-9	
2.4 CITY-ST-ZIP	STUART, FL. 34996	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOLME, BEATRICE	
3.3 STREET ADDRESS	2929 SE OCEAN BLVD. #101-5	
3.4 CITY-ST-ZIP	STUART, FL. 34994	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DUBY, ALINE	
4.3 STREET ADDRESS	2929 SE OCEAN BLVD. #102-9	
4.4 CITY-ST-ZIP	STUART, FL. 34994	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GOUVIER, JOHN Y	
5.3 STREET ADDRESS	2929 SE OCEAN BLVD. #110-7	
5.4 CITY-ST-ZIP	STUART, FL. 34994	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ORMISTON, WILLIAM	
6.3 STREET ADDRESS	2929 SE OCEAN BLVD. #114-8	
6.4 CITY-ST-ZIP	STUART, FL. 34994	

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 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: X Aline Duby Treasurer Date: April 21-96 Daytime Phone # _____

CR2E037 (12/95)