

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>2929 S.E. OCEAN BLVD. CLUB HOUSE # 3. STUART FL 34998</b>	Mailing Address <b>2929 S.E. OCEAN BLVD. CLUB HOUSE # 3. STUART FL 34996</b>
---	---

3. Date Incorporated or Qualified <b>12/22/1969</b>	Applied For Not Applicable
4. FEI Number <b>59-1380035</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent  
**CORNETT, JANE L., ESQ.  
WACKEEN CORNETT & GOUGE  
401 E OSCEOLA STREET  
STUART, 34995**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOAT, CHARLES 2929 SE OCEAN BLVD., #106-6 STUART FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/D MOAT, CHARLES 2929 SE OCEAN BLVD., #106-6 STUART FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TRETHERWAY, DENNIS 2229 SE OCEAN BLVD., #113-9 STUART FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VP/D WADDELL, JOHN 2929 SE OCEAN BLVD., #105-3 STUART FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HOLME, BEATRICE 2929 SE OCEAN BLVD., #101-5 STUART FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S/D HOLME, BEATRICE 2929 SE OCEAN BLVD., #101-5 STUART FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KOUSOULIDES, JOHN 2929 E OCEAN BLVD #111-7 STUART FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>T/D KOUSOULIDES, JOHN 2929 SE OCEAN BLVD., #111-7 STUART FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOUVIER, JOHN Y. 2929 SE OCEAN BLVD., #119-7 STUART FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D GOUVIER, JOHN 2929 SE OCEAN BLVD., #119-7 STUART FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WADDELL, JOHN 2929 E OCEAN BLVD #105-3 STUART FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D NEWTON, HARLAN 2929 SE OCEAN BLVD., #103-5 STUART FL 34996</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John Y. Gouvier* 2998 2929 0800

CR2E037 (10/97)