
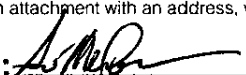


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90023 045 ****61.25

DOCUMENT # 717776					
1. Entity Name CEDAR POINTE VILLAGE NO. 6 ASSOCIATION, INC.					
Principal Place of Business 2929 S.E. OCEAN BLVD. CLUBHOUSE 6 STUART FL 34996-2896		Mailing Address 2929 S.E. OCEAN BLVD. CLUBHOUSE 6 STUART FL 34996-2896			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1380035		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORNETT, JANE L., ESQ. WACKEEN CORNETT & GOOGE 401 E OSCEOLA STREET STUART FL 34996		7. Name and Address of New Registered Agent			
Name		Name			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)			
City		City			
FL		Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DVP SOSKIN, AL 12030 PLUYTUS AVE HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete	TITLE	D HARLAN NEWTON 2929 SE OCEAN BLVD #107-05 STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D L'HEUREUX, EUGENE 2929 SE OCEAN BLVD., 101-3 STUART FL 34996-2724	<input checked="" type="checkbox"/> Delete	TITLE	TD CAROL DAVIDSEN 2929 SE OCEAN BLVD # 107-08 STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD ROSS, JANET 2929 SE OCEAN BLVD #109-1 STUART FL 34996-2724	<input checked="" type="checkbox"/> Delete	TITLE	DVP CLEON VOSLER 2929 SE OCEAN BLVD 103-04 STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D CREFELD, ROBERT 2929 SE OCEAN BLVD #112-6 STUART FL 34996-2746	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MATTIOLI, JEANIE 2929 E OCEAN BLVD 4114-10 STUART FL 34996-2744	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD MCDONALD, SCOTT 2929 SE OCEAN BLVD. #109-5 STUART FL 34996	<input type="checkbox"/> Delete	TITLE	D DONALD ADAMS 2929 SE OCEAN BLVD. #102-10 STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		SCOTT McDONALD SECRETARY		FEBRUARY 23, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (772) 286-4168	

THIS ASSOCIATION HAS SEVEN (7) DIRECTORS

NO CHANGE