


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90017 028 ****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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
**CORNETT, JANE L., ESQ.
 WACKEEN CORNETT & GOOGE
 401 E OSCEOLA STREET
 STUART FL 34996**

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

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VOSLER, CLISON <input type="checkbox"/> Delete 2929 SE OCEAN BLVD 103-04 STUART FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, HARLAN <input type="checkbox"/> Delete 2929 SE OCEAN BLVD #103-05 STUART FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIDSON, CAROL <input type="checkbox"/> Delete 2929 SE OCEAN BLVD. #109-08 STUART FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREFELD, ROBERT <input checked="" type="checkbox"/> Delete 2929 SE OCEAN BLVD #112-6 STUART FL 34996-2746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTIOLI, JEANIE <input type="checkbox"/> Delete 2929 E OCEAN BLVD 4114-10 STUART FL 34996-2744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDONALD, SCOTT <input checked="" type="checkbox"/> Delete 2929 SE OCEAN BLVD. #109-5 STUART FL 34996

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAIOLI, BERNARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2929 SE OCEAN BLVD, 105-6 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONOUGH, ANTHONY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2929 SE OCEAN BLVD, #102-03 STUART, FL 34996-2717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, DONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2929 SE OCEAN BLVD, 102-10 STUART, FL 34996-2786

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Jeanne Mattioli*

2/21/06