## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

762018

(0)

CEDAR SIDE OWNERS' ASSOCIATION, INC.  Principal Place of Business Mailing Address  601 CEDAR SIDE CIR. NE PALM BAY FL 32905  PALM BAY FL 32905-5022						
					3. Date Incorporated or Qualified 02/17/1982	3a. Date of Last Report 03/08/1996
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number 59-2365755	Applied For
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.				Not Applicable  \$8.75 Additional
22					5. Certificate of Status Desired	Fee Required
23 28		City & State	3		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29 30				Yes M No
9. Name and Address of Current Registered Agent 81 Name					10. Name and Address of New Re	Jistered Agent
SOILEAU, JOHN I. ESO						
1970 MICHIGAN AVE.			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)
	BLDG C					
COCOA FL 32923-1888			84	City		85 Zip Code
				FL   U   L   U   U   U   U   U   U   U		
office or r agent. I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the obligation of the state	tions of, Section 617,0503, FI	authorized by orida Statutes. E: Registered Agen		oration submits this statement for the p on's board of directors. I hereby accep ad when reinstating)	ot the appointment as registered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PT PEANORIES OFFICIALIS					☐ Change ☐ Addition
NAME	DEANGELIS, STEPHAEN H 660 CEDAR SIDE CIRCLE NE		1.2 NAME			
STREET ADDRESS CITY - ST - ZIP	PALM BAY FL 32905		1.3 STREET ADDRESS			
TITLE	VD DELETE		1.4 CITY-ST 2.1 TITLE	- ZIP		Change Addition
NAME	GOLDEN, PAUL		2.2 NAME			
STREET ADDRESS	647 CEDAR SIDE CIRCLE, NE		2.3 STREET A	DORESS		
CITY-ST-ZIP	PALM BAY FL		2. 4 CITY - \$1	r-ZIP	<u> </u>	
TITLE	\$D	DELETE 3.				Change Addition
NAME	HERNANDEZ, JUNE		3.2 NAME			
STREET ADDRESS	616 CEDAR SIDE CIRCLE NE		3.3 STREET A			
CITY-ST-ZIP TITLE	PALM BAY FL 32905 D			- ZiP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	CASTRO, GERMAN DR		4.1 TITLE 4.2 NAME			C CHANGE C MOUNTON
STREET ADDRESS	1420 COUNTRY CLUB DR			ADDRESS		
CITY-SI-ZIP	DALLA DAV EL GOOGE		4.4 CITY-ST			
TITLE	D	DELETE	5.1 TITLE		4117	☐ Change ☐ Addition
NAME	NOWICKE, JOHN R		5.2 NAME			
STREET ADDRESS	637 CEDAR SIDE CIRCLE NE		5.3 STREET A	ADDRESS		
City-St-ZIP	PALM BAY FL		5.4 CITY-ST	- ZIP		Observe District
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME Street advoress			6.2 NAME	ODBIGG		

14. I do 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.

6.4 CHTY-ST-ZIP

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Carple Painted Freamer 1/10/97

407-723 - 063Z Davime Phone # 0018715

**FILED** 

Jan 17 1997 8:00am

Secretary of State