

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762018 (0)**

1. Corporation Name

**CEDAR SIDE OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

601 CEDAR SIDE CIR. NE  
PALM BAY FL 32905

601 CEDAR SIDE CIR. NE  
PALM BAY FL 32905



3. Date Incorporated or Qualified

02/17/1982

4. FEI Number

59-2365755

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOILEAU, JOHN L ESO  
1970 MICHIGAN AVE.  
BLDG C  
COCOA FL 32923-1888

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE  
NAME DEANGELUS, STEPHAEN H  
STREET ADDRESS 600 CEDAR SIDE CIRCLE NE  
CITY-ST-ZIP PALM BAY FL 32905

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME GOLDEN, PAUL  
STREET ADDRESS 647 CEDAR SIDE CIRCLE, NE  
CITY-ST-ZIP PALM BAY FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☒ DELETE  
NAME HERNANDEZ, JUNE  
STREET ADDRESS 616 CEDAR SIDE CIRCLE NE  
CITY-ST-ZIP PALM BAY FL 32905

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME TRACY M. FUNK  
3.3 STREET ADDRESS 654 CEDAR SIDE CIRCLE NE  
3.4 CITY-ST-ZIP PALM BAY, FLORIDA 32905

TITLE D ☐ DELETE  
NAME CASTRO, GERMAN DR  
STREET ADDRESS 1420 COUNTRY CLUB DR  
CITY-ST-ZIP PALM BAY FL 32905

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME NOWICKE, JOHN R  
STREET ADDRESS 637 CEDAR SIDE CIRCLE NE  
CITY-ST-ZIP PALM BAY FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Stephan H. DeAngelus, President / Treasurer 1/15/98 407-723-0632

CR2E037 (10/97)