


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90006 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 762018

1. Corporation Name

CEDAR SIDE OWNERS' ASSOCIATION, INC.

Principal Place of Business
 601 CEDAR SIDE CIR. NE
 PALM BAY FL 32905

Mailing Address
 601 CEDAR SIDE CIR. NE
 PALM BAY FL 32905



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/17/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2365755
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANGELIS, STEPHAEN H	1.2 NAME	John A. Nowicke
STREET ADDRESS	660 CEDAR SIDE CIRCLE NE	1.3 STREET ADDRESS	637 Cedar Side Cir. NE
CITY-ST-ZIP	PALM BAY FL 32905	1.4 CITY-ST-ZIP	PALM Bay, FL 32905
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, PAUL	2.2 NAME	
STREET ADDRESS	647 CEDAR SIDE CIRCLE, NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNK, TRACY M	3.2 NAME	Sarah Hoder
STREET ADDRESS	654 CEDAR SIDE CIR NE	3.3 STREET ADDRESS	666 Cedarside Cir NE
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, GERMAN DR	4.2 NAME	
STREET ADDRESS	1420 COUNTRY CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOWICKE, JOHN R	5.2 NAME	Pasquale Pesce
STREET ADDRESS	637 CEDAR SIDE CIRCLE NE	5.3 STREET ADDRESS	666 Cedarside Cir. NE
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *X* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)