

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90307 007 \*\*\*\*61.25

**DOCUMENT # 762018**

1. Entity 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

140744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2365755**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	NOWICKE, JOHN R	637 CEDARSIDE CR N.E.	PALM BAY FL 32905	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	GOLDEN, PAUL	647 CEDAR SIDE CIRCLE, NE	PALM BAY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	HODER, SANDY	666 CEDARSIDE CR N.E.	PALM BAY FL 32905	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CASTRO, GERMAN DR	1420 COUNTRY CLUB DR	PALM BAY FL 32905	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	PASQUALE, PESCE	610 CEDARSIDE CR. N.E.	PALM BAY FL 32905	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *John R Nowicke*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

321-984-1107

Daytime Phone #

CR2E037 (10/00)