

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrtham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:15

DOCUMENT # **N01254 (4)**  
1. Corporation Name  
**CEDAR WOODS OFFICE OWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
1258 NORTH PAUL RUSSELL RD. 1258 NORTH PAUL RUSSELL RD.  
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

3. Date Incorporated or Qualified 3a. Date of Last Report  
**02/06/1984 05/09/1994**

4. FEI Number Applied For  
**NOT APPLICABLE Not Applicable**

2. Principal Place of Business 2a. Mailing Address  
21 **3604 Hood Court** 25 **3604 Hood Court**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

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

22 City & State 27 City & State  
**Tallahassee Tallahassee**

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

23 Zip Country 28 Zip Country  
**32311 Leon 32311 Leon**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

24 25 29 30  
**32311 Leon 32311 Leon**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PARKER, SALLY C.  
1258 N. PAUL RUSSELL RD.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **Sally C. Parker**  
82 Street Address (P.O. Box Number is Not Acceptable) **3604 Hood Court**  
83  
84 City **Tallahassee** FL 85 Zip Code **32311**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WORLEY, LEN 1280 N. PAUL RUSSELL RD. TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEAL, CLAUDE 1286 N. PAUL RUSSELL RD. TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PARKER, SALLY C. 1258 N. PAUL RUSSELL RD. TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Koch, Skip 1278 N. Paul Russell Rd. Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Mulder, Gerard 1311 N. Paul Russell Rd. Tallahassee, FL 32301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DELETE</b>
21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DELETE</b>
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3604 Hood Court</b>
41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sally C. Parker, Sec./Treas./Director 4/19/95 904-656-2672  
DATE (Date) (Mailing Office)