FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT #

(4)

CEDAR WOODS OFFICE OWNERS ASSOCIATION, INC.

FILED Apr 28 1998 8:00am Secretary of State

OLDAN	WOODS OF FOE OWNER	10 700								
Principal Place of Business		M	ailing Address				t idania bit fait ittat tibat bitt aftet aftet aftet aftet aftet antit eratt ant.			
3804 HOOD COURT TALLAHASSEE FL 32311		3604 HOOD COURT TALLAHASSEE FL 32311					3. Date Incorporated or Qualified 02/06/1984			
US		US	1				4. FEI Number Applied For			
							NOT APPLICABLE Not Applicable			
2. Principal Pi	lace of Business	24.	Mailing Address				5. Certificate of Status Desired S8.75 Additional			
21		26					Fee Required			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be			
22		27					Trust Fund Contribution Added to Fees			
City & State	9	<u> </u>	City & State				7. Is this nonprofit corporation a homeowners association?			
23		28					Yes X No			
Zip Country		\vdash	Zip Country		ıntry		8. This corporation owes or has paid the current year Intangible			
24	[25]	29		30	_		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ent Hegis	rereo Agent		81	Name	TU. Name and Address of New Negistered Agent			
					"	1421110				
	, SALLY C.			-	82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
3604 HOOD COURT				,	83	ļ —				
TALLAH	ASSEE FL 32311				*3					
					84	City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 617.05	502 and 6	17.1508. Florida Statu	tes, the a	bove	e-named co				
office or r	egistered agent, or both, in the Sta	te of Flori	da. Such change was	authorize	d by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered			
	in tanking with and accept the con	yanona u	1, 000001 017.0000, 11	Olioa Olai	Luice					
SIGNATURE _	Signature, typed or printed name of registered a	gent and title	If applicable (NO	TE: Registere	d Age	ent eignature re	required when reinstating) DATE			
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD		DELETE	1.1 \$1	TLE		Change Addition			
NAME	KOCH, SKIP			1.2 N	AME					
STREET ADDRESS	1278 N PAUL RUSSELL RD			1.3 S	TREET	ADDRESS	1278 Cedar Center Drive			
CITY-ST-ZIP	TALLAHASSEE FL			1.4 0	ITY-S		Tallahassee, FL 32301			
TITLE	VO		DELETE	2.1 Ti	ITLE					
NAME	MULDER, GERARD			0.0 61			Change Addition			
STREET ADDRESS	1276 N PAUL RUSSELL RD			2.2 N	AME		Ltd Change ☐ Addition			
CITY-ST-ZIP						ADDRESS	Lad Change			
	TALLAHASSEE FL			2.3 \$1	TREET		Lxd Change ☐ Addition 1289 Cedar Center Drive			
TITLE	TALLAHASSEE FL STD		☐ DELETE	2.3 \$1	TREET CITY-5		Lad Change			
TITLE NAME	810		□ DELETE	2.3 ST 2.4 C	TREET CITY-S ITLE		1289 Cedar Center Drive			
1 1	***************************************		☐ DELETE	2.3 ST 2.4 C 3.1 T(3.2 N	TREET CITY-S ITLE IAME		1289 Cedar Center Drive			
NAME	STD PARKER, SALLY C.		☐ DELETE	2.3 ST 2.4 C 3.1 T(3.2 N) 3.3 ST	TREET CITY-S ITLE IAME TREET	ST-ZIP	1289 Cedar Center Drive Tallahassee, FL 32301			
NAME STREET ADDRESS	STD PARKER, SALLY C. 3804 HOOD COURT		☐ DELETE	2.3 ST 2.4 C 3.1 T(3.2 N) 3.3 ST	TREET CITY-S ITLE LAME TREET CITY-S	ST-ZIP ADDRESS	1289 Cedar Center Drive			
NAME STREET ADDRESS CITY-ST-ZIP	STD PARKER, SALLY C. 3804 HOOD COURT			2.3 ST 2.4 C 3.1 T(3.2 N) 3.3 ST 3.4. C	TREET CITY-S ITLE IAME TREET CITY-S ITLE	ST-ZIP ADDRESS	1289 Cedar Center Drive Tallahassée, FL 32301			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	STD PARKER, SALLY C. 3804 HOOD COURT			2.3 ST 2.4 C 3.1 TI 3.2 NJ 3.3 ST 3.4. C 4.1 TI 4.2 N	TREET CITY-S ITLE LAME TREET CITY-S ITLE WAME	ST-ZIP ADDRESS	1289 Cedar Center Drive Tallahassée, FL 32301			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARKER, SALLY C. 3804 HOOD COURT		☐ DELÉTE	2.3 51 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI	TREET CITY-S ITLE LAME TREET CITY-S ITLE TREET TREET	ST-ZIP ADDRESS ST-ZIP ADDRESS	1289 Cedar Center Drive Tallahassée, FL 32301			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STD PARKER, SALLY C. 3804 HOOD COURT		☐ DELÉTE	23 ST 2.4 C 31 TT 32 N 33 ST 34 C 4.1 TT 4.2 N 4.3 ST 4.4 C 5.1 TT 5.2 N	TREET CITY-S ITLE LAME TREET CITY-S ITLE TREET TREET TREET TREET LITY-S LITLE LAME	ST-ZIP ADDRESS ST-ZIP ADDRESS	1289 Cedar Center Drive Tallahassée, FL 32301			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STD PARKER, SALLY C. 3804 HOOD COURT		☐ DELÉTE	23 ST 2.4 C 31 TT 32 NV 33 ST 34 C 4.1 TT 4.2 NV 4.3 ST 4.4 CT 5.1 TT 5.2 NV 5.3 ST	TREET THE THE TAME TREET TREET TREET TREET THE THE THE THE THE THE THE THE THE	ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	1289 Cedar Center Drive Tallahassée, FL 32301			
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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.

4/21/98