

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90174 014 \*\*\*\*61.25

**DOCUMENT # N01254**

1. Entity Name

**CEDAR WOODS OFFICE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3604 HOOD COURT  
 TALLAHASSEE FL 32311  
 US

3604 HOOD COURT  
 TALLAHASSEE FL 32311  
 US

2. Principal Place of Business

*1286 Cedar Center Dr.*

3. Mailing Address

*1286 Cedar Center Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Tallahassee, Fl.*

City & State

*Tallahassee, Florida*

Zip

Country

*32301 USA*

Zip

Country

*32301 USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

PARKER, SALLY C.  
 3604 HOOD COURT  
 TALLAHASSEE FL 32311

Name *Skip Koch*

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

*1286 Cedar Center Drive*

City *Tallahassee*

FL

Zip Code *32301*

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

*SKIP KOCH*

*Skip Koch*

*4/12/02*

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	PD	<input type="checkbox"/> Delete
NAME	KOCH, SKIP	
STREET ADDRESS	1278 CEDAR CENTER DR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MULDER, GERARD	
STREET ADDRESS	1289 CEDAR CENTER DR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, SALLY C.	
STREET ADDRESS	3604 HOOD COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koch, SKIP	
STREET ADDRESS	1286 Cedar Center Dr	
CITY-ST-ZIP	Tallahassee, Fl. 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koch, SKIP	
STREET ADDRESS	1286 Cedar Center Drive	
CITY-ST-ZIP	Tallahassee, Fl. 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*SKIP KOCH*

*4/12/02*

*850 942 3658*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)