


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90169 003 ****61.25

DOCUMENT # N01254

1. Entity Name
CEDAR WOODS OFFICE OWNERS ASSOCIATION, INC.



Principal Place of Business
1286 CEDAR CENTER DR
TALLAHASSEE, FL 32301 US

Mailing Address
1286 CEDAR CENTER DR
TALLAHASSEE, FL 32301 US

2. Principal Place of Business
1291 Cedar Center Dr.

3. Mailing Address
1277 Cedar Center Dr

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL


Zip
32301

Country
US.

Zip
32301

Country
US.

4000000 -



04252006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

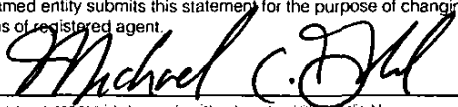
Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
KOCH, SKIP
1291 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name **Gold, Michael C.**
 Street Address (P.O. Box Number is Not Acceptable)
1277 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-25-06**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)


Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHIS, RICAHRD REED 1291 CEDAR CENTRAL DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONG, DARLENE 1255 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KOCH, SKIP 1286 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO Gold, Michael Charles 1277 Cedar Center Drive Tallahassee, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:  **Treas. MICHAEL C. GOLD** 4-25-06 8506563060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #