

FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

MAY - 1 1995 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09040 (9)

1. Corporation Name
**THE CEDAR ISLAND CLUB CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business Mailing Address
2180 WEST SR 434 2180 WEST SR 434
STE. 5000 STE. 5000
LONGWOOD FL 32779 LONGWOOD FL 32779
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/28/1985 3a. Date of Last Report 03/10/1994
4. FBI Number 59-2542043 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**HART, JAMES
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, STE. 5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8000001498328
83 -05/24/95--01069--011
84 City ***138-00 Zip Code 138-00
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	FOLGER, GAIL
STREET ADDRESS	801 FLORENCIA CIRCLE
CITY - ST - ZIP	TITUSVILLE FL
TITLE	DP
NAME	ANDERSON, RAY
STREET ADDRESS	855 LADYFISH AVE., D-405
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	DVP
NAME	COLEMAN, HARRY
STREET ADDRESS	855 LADYFISH AVE., D-505
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	D
NAME	BERKLEY, JOHN
STREET ADDRESS	4101 DERBY PLACE
CITY - ST - ZIP	OVIDO FL
TITLE	DT
NAME	MORRISON, TOM
STREET ADDRESS	855 LADYFISH AVE., E304
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TAGER, JANE	
13 STREET ADDRESS	855 LADYFISH AVE #D404	
14 CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WISINSKI, GARY	
23 STREET ADDRESS	855 LADYFISH AVE #B202	
24 CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	
31 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	REBMAN, ROGER	
33 STREET ADDRESS	855 LADYFISH AVE D501	
34 CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PALMORE, MIRIAM	
43 STREET ADDRESS	855 LADYFISH AVE #E202	
44 CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

REMITTED BY MAY 1

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 110.07(3)(b), 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: *Tom Morrison* T.A. Morrison 3/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tom Morrison, Treasurer/Director