

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N09040** (9)

1. Corporation Name
THE CEDAR ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 03/28/1985
3a. Date of Last Report: 05/19/1995

2. Principal Place of Business: 21. 855 Ladyfish Ave, Suite, Apt. #, etc. Clubhouse, City & State: New Smyrna Beach FL, Zip: 32169, Country: Volusia
2a. Mailing Address: 26. Same, Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-2542043, Applied For: Not Applicable

22. City & State: New Smyrna Beach FL, Zip: 32169, Country: Volusia

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

23. City & State: New Smyrna Beach FL, Zip: 32169, Country: Volusia

6. Election Campaign Financing: [] \$5.00 May Be Added to Fees

24. Zip: 32169, Country: Volusia, 29. Zip, 30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

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: David Stires, 82. Street Address: 855 Ladyfish Ave #0503, 83., 84. City: New Smyrna Beach, FL, 85. Zip Code: 32169

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0502, Florida Statutes.

SIGNATURE: [Signature], DATE: 5/13/96

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	TAGER, JANE	
STREET ADDRESS	855 LADYFISH AVE. #D404	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WISINSKI, GARY	
STREET ADDRESS	855 LADYFISH AVE., B-202	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	REBMAN, ROGER	
STREET ADDRESS	855 LADYFISH AVE., D-501	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMORE, MIRIAM	
STREET ADDRESS	855 LADYFISH AVE. #E202	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MORRISON, TOM	
STREET ADDRESS	855 LADYFISH AVE., E304	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Stires	
1.3 STREET ADDRESS	855 Ladyfish Ave #0503	
1.4 CITY-ST-ZIP	New Smyrna Beach FL 32169	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sharon Greenberg	
2.3 STREET ADDRESS	855 Ladyfish Ave #0205	
2.4 CITY-ST-ZIP	New Smyrna Beach FL 32169	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tom Hammerberg	
3.3 STREET ADDRESS	3601 Thompson RD	
3.4 CITY-ST-ZIP	Lake Mary FL 32746	
4.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tom morrison	
4.3 STREET ADDRESS	855 Ladyfish Ave #E304	
4.4 CITY-ST-ZIP	New Smyrna Beach FL 32169	
5.1 TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Larry Sloniger	
5.3 STREET ADDRESS	855 Ladyfish Ave	
5.4 CITY-ST-ZIP	New Smyrna Beach FL 32169	
6.1 TITLE	600001837426	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-05/23/96--01080--024	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP	5/23/96	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature], DATE: May 14, 1996, Daytime Phone #

CR2E037 (12/95)