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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, I NC.**



Principal Place of Business Mailing Address  
2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044 US  
2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044 US

3. Date Incorporated or Qualified **03/28/1985** 3a. Date of Last Report **05/23/1996**  
4. FEI 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**HART, JAMES W JR.  
SENTRY MANAGEMENT INC.  
2180 WEST SR 434, STE. 5000  
LONGWOOD FL 32779-5044**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIRES, DAVID	1.2 NAME	ALCORN, THOMAS
STREET ADDRESS	855 LADYFISH AVE., #D-503	1.3 STREET ADDRESS	855 LADYFISH AVE B205
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBURG, SHARON	2.2 NAME	
STREET ADDRESS	855 LADYFISH AVE., #D-205	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	2.4 CITY-ST-ZIP	
TITLE	DSP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMERBERG, TOM	3.2 NAME	FOLGER, GAIL
STREET ADDRESS	3601 THOMPSON RD.	3.3 STREET ADDRESS	855 LADYFISH AVE D201
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, TOM	4.2 NAME	ROSE, LYNN
STREET ADDRESS	855 LADYFISH AVE., #E-304	4.3 STREET ADDRESS	3013 HARBOUR LANDING WAY
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	4.4 CITY-ST-ZIP	CASSELBERRY FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLONIGER, LARRY	5.2 NAME	
STREET ADDRESS	855 LADYFISH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Tom Folger* **3/25/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0012180

CR2E037 (9/96)