

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09040 (9)
 1. Corporation Name
THE CEDAR ISLAND CLUB CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044 US
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3. Date Incorporated or Qualified 03/28/1985	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2542043		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <input type="checkbox"/>	2a. Mailing Address 26 <input type="checkbox"/>
Suite, Apt. #, etc. 22 <input type="checkbox"/>	Suite, Apt. #, etc. 27 <input type="checkbox"/>
City & State 23 <input type="checkbox"/>	City & State 28 <input type="checkbox"/>
Zip 24 <input type="checkbox"/>	Country 25 <input type="checkbox"/>
Country 25 <input type="checkbox"/>	Zip 29 <input type="checkbox"/>
Country 25 <input type="checkbox"/>	Country 30 <input type="checkbox"/>

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
85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STIRES, DAVID	
STREET ADDRESS	855 LADYFISH AVE., #D-503	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GREENBURG, SHARON	
STREET ADDRESS	855 LADYFISH AVE., #D-205	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FOLGER, GAIL	
STREET ADDRESS	855 LADYFISH AVE, D201	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, LYNN	
STREET ADDRESS	3013 HARBOUR LANDING WAY	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALCORN, THOMAS	
STREET ADDRESS	855 LADYFISH AVE., B205	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	SCHOMER, LARRY
2.4 CITY-ST-ZIP	855 LADYFISH AVE D406 NEW SMYRNA BEACH FL 32169
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	STECHER, BILL
4.4 CITY-ST-ZIP	855 LADYFISH AVE E201 NEW SMYRNA BEACH FL 32169
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ DATE: **2/26/98** **904**
 4231797

CR2E037 (10/97)