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**Apr 22, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N09040**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**03/28/1985**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2542043**

Applied For  
 Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JAMES W JR.**  
**SENTRY MANAGEMENT INC.**  
 2180 WEST SR 434, STE. 5000  
 LONGWOOD FL 32779-5044

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **DP STIRES, DAVID**  
 STREET ADDRESS **855 LADYFISH AVE., #D-503**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

1.1 TITLE **PD**  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **VP SCHOMER, LARRY**  
 STREET ADDRESS **855 LADYFISH AVE #D-406**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

2.1 TITLE  Change  Addition  
 2.2 NAME **SD ARONSON, LARRY**  
 2.3 STREET ADDRESS **855 LADYFISH D307**  
 2.4 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE  DELETE  
 NAME **SD FOLGER, GAIL**  
 STREET ADDRESS **855 LADYFISH AVE, D201**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

3.1 TITLE  Change  Addition  
 3.2 NAME **D LINK, GORDON**  
 3.3 STREET ADDRESS **855 LADYFISH A102**  
 3.4 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE  DELETE  
 NAME **TD STECHER, BILL**  
 STREET ADDRESS **855 LADYFISH AVE #E-201**  
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D ALCORN, THOMAS**  
 STREET ADDRESS **855 LADYFISH AVE., B205**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE

*David Stires*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID STIRES** 3/5/99 (904) 426-8990

Date

Daytime Phone #

CR2E037-(11/98)