FILE NOW: FILING FEE IS \$61.25

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

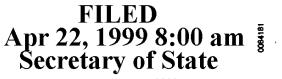
2. Principal Place of Business

Mailing Address

2a. Mailing Address

2180 WEST SR 434, STE, 5000 LONGWOOD FL 32779-5044

26



04-22-1999 90244 028 ****61.25



3. Date Incorporated or Qualifed

03/28/1985

Suite Ant	# ata	Suite, Apt. #, etc.			4. FEI Number		Apr	lied For
Suite, Apt. #, etc.		27		59-2542043		<u> </u>	Applicable	
City & State		City & State					\$8.75 A	
- ´	#	28			5. Certifcate of Status Desired	d 🗌	Fee Red	
23 Zip	Country	Zip	Country		6. Election Campaign Financi	ma	\$5.00	May Re
24	25	⊢ ` -	30		Trust Fund Contribution	9	Added to	•
24	9. Name and Address of Current F	1		•	10. Name and Address of Ne	w Registered	Agent	
			81	Name				
HART, JAMES W JR.					Street Address (P.O. Box Number is Not Acceptable)			
SENTRY MANAGEMENT INC.				Street A	diress (P.O. Box Number is Not Acc	aptable)		
2180 WEST SR 434, STE. 5000								
LONGWOOD FL 32779-5044				City	FL 85 Zip Code			ode
44 P	to the provisions of Sections 617.0502	and 617 1508 Florida Statuter	s the above	anamed c	comoration submits this statement for			registered
office or re	egistered agent or both in the State of	Florida. Such change was au	thorized by	the corpor	ration's board of directors. I hereby a	ccept the appo	ointment as reg	istered
agent. 1 ar	m familiar with, and accept the obligatio	ns of, Section 617.0503, Flori	da Statutes	•				
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	t signature req	quired when reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
12.	DP OFFICERS AND	DELETE	1.1 TITLE	· I	PD		XX Change	Addition
			1,2 NAME		, 5			_
NAME	STIRES, DAVID							
STREET ADDRESS	855 LADYFISH AVE., #D-503	•	1.3 STREET					
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		1.4 CITY-S		CD		Change	XXAddition
₹	VP	. DELETE	2.1 TITLE	I	SD		☐ Change	X-X-co-so
NAME	SCHOMER, LARRY		2.2 NAME		ARONSON, LARRY			
STREET ADDRESS	855 LADYFISH AVE #D-406		2.3 STREET		855 LADYFISH D307			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	V-W	2.4 CITY-S		NEW SMYRNA BEACH, F	132169		F () 4 d d ()
TITLE	SD	X(X) DELETE	3.1 TITLE		D		Change	XX Addition
NAME	FOLGER, GAIL		3.2 NAME		LINK, GORDON			
STREET ADDRESS	855 LADYFISH AVE, D201		3.3 STREE	ADDRESS	855 LADYFISH A102			
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4. CITY-S	T-ZIP	NEW SMYRNA BEACH, E	1 3216		
TITLE	TD	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	STECHER, BILL		4. 2 NAME					
STREET ADDRESS	855 LADYFISH AVE #E-201		4.3 STREE	ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169		4.4 CITY-S	T- ZIP				
TITLE	D	XIX DELETE	5.1 TITLE				Change	Addition
NAME	ALCORN, THOMAS		5.2 NAME					
STREET ADDRESS	855 LADYFISH AVE., B205		5.3 STREE	FADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL		5.4 CITY-S	T-ZIP			_	
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREE	ADDRESS				
			6.4 CITY-S					
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for			in Section 119.07(3)(i). Florida Statut	es I further co	artify that the in	formation

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 phanged or on an attachment with an address, with all other like empowered.

SIGNATUR