


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90235 029 \*\*\*\*61.25

<b>DOCUMENT # N09040</b>			
1. Entity Name <b>THE CEDAR ISLAND CLUB CONDOMINIUM ASSOCIATION, I NC.</b>			
Principal Place of Business <b>2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044 US</b>		Mailing Address <b>2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>HART, JAMES W JR. SENTRY MANAGEMENT INC. 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2542043** Applied For  
Not Applicable

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIRES, DAVID</b>	NAME	
STREET ADDRESS	<b>6584 ENGRAM RD #503</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SLONIGER, LARRY L</b>	NAME	<b>DEPPOLITI, RICHARD J</b>
STREET ADDRESS	<b>22 OSAGE RD</b>	STREET ADDRESS	<b>6584 ENGRAM RD #302</b>
CITY-ST-ZIP	<b>LAKE OZARK MO 65049</b>	CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUFSTETLER, JIM JR</b>	NAME	
STREET ADDRESS	<b>6544 ENGRAM RD #202</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STECHEER, BILL</b>	NAME	
STREET ADDRESS	<b>6544 ENGRAM RD #201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL 32169</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARLEY, PAUL J</b>	NAME	
STREET ADDRESS	<b>1502 HAVEN RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **David E. Stires** 3/17/03

CR2E037 (10/02)