

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY - 1 AM 9: 15

DOCUMENT # **N43393** (0)

1. Corporation Name  
**CEDAR GROVE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2439 BEE RIDGE ROAD SARASOTA FL 34239-6304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/14/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0273913</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>BERLIN, JR., F G 2439 BEE RIDGE ROAD SARASOTA FL 34239</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name <b>W. G. Reynolds</b>	<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>2439 Bee Ridge Road</b>	<b>83</b>	<b>84</b> City <b>Sarasota</b>
			<b>85</b> Zip Code <b>FL 34239</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE W. G. Reynolds, Vice President *W.G. Reynolds* DATE 6-5-95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent is not required for non-resident)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>BERLIN, JR., F. G.</b>	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2439 BEE RIDGE RD.</b>	CITY - ST - ZIP <b>SARASOTA FL</b>	1.2 NAME <b>W. G. Reynolds</b>	
		1.3 STREET ADDRESS <b>2439 Bee Ridge Road</b>	
		1.4 CITY - ST - ZIP <b>Sarasota, FL 34239</b>	
TITLE <b>VD</b>	NAME <b>REYNOLDS, W. G.</b>	2.1 TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2439 BEE RIDGE RD.</b>	CITY - ST - ZIP <b>SARASOTA FL</b>	2.2 NAME <b>Michael L. Baker</b>	
		2.3 STREET ADDRESS <b>2453 Bee Ridge Road</b>	
		2.4 CITY - ST - ZIP <b>Sarasota, FL 34239</b>	
TITLE <b>STD</b>	NAME <b>BAKER, MICHAEL L.</b>	3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2453 BEE RIDGE RD.</b>	CITY - ST - ZIP <b>SARASOTA FL</b>	3.2 NAME <b>Frank Berlin</b>	
		3.3 STREET ADDRESS <b>2439 Bee Ridge Road</b>	
		3.4 CITY - ST - ZIP <b>Sarasota, FL 34239</b>	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.07(3)(4), 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, on an attachment with an address.

SIGNATURE: W. G. Reynolds *W.G. Reynolds* DATE 4/26/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR