

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N43393**
1. Corporation Name

CEDAR GROVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: **5191 MOELLER AV SARASOTA FL 34233**
Mailing Address: **5191 MOELLER AV SARASOTA FL 34233**

3. Date Incorporated or Qualified: **5/14/1991**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	65-0273913		Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLORES TUCKER
5191 MOELLER AV
SARASOTA FL 34233

81	Name	DOLORES TUCKER
82	Street Address (P.O. Box Number is Not Acceptable)	5191 MOELLER AVE
83	City & State	SARASOTA FL 34233
84	City	SARASOTA FL
85	Zip Code	FL 34233

14. 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: *DOLORES TUCKER SECRETREAS.* *Dolores Tucker* *6/13/96*
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W.G. REYNOLDS	1.2 NAME	KATHI HALL GROVES
STREET ADDRESS	2439 BEE RIDGE ROAD	1.3 STREET ADDRESS	5230 MOELLER AVE
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	SARASOTA FL 34233-3266
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK BERLIN	2.2 NAME	JERRY L. STUBBLEFIELD
STREET ADDRESS	2439 BEE RIDGE ROAD	2.3 STREET ADDRESS	5182 MOELLER AVE
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	SARASOTA FL 34233-3233
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL L. BAKER	3.2 NAME	DOLORES TUCKER
STREET ADDRESS	2453 BEE RIDGE ROAD	3.3 STREET ADDRESS	5191 MOELLER AVE
CITY-ST-ZIP	SARASOTA FL 34239	3.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200001872832
STREET ADDRESS		6.3 STREET ADDRESS	-06/24/96--01026--048
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dolores Tucker* *5/20/96* *(941) 923-6837*
Signature and typed or printed name of signing officer or director Date Starting Phone #

CR2E037 (12/95)