

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N43393 (0)

1. Corporation Name
CEDAR GROVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
5191 MOELLER AVE SARASOTA FL 34233
5191 MOELLER AVE SARASOTA FL 34233-3265

3. Date Incorporated or Qualified 05/14/1991
3a. Date of Last Report 06/22/1996

2. Principal Place of Business 2a. Mailing Address
21 5230 Moeller Ave 26 5230 Moeller Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 SARASOTA FL 28 SARASOTA FL
Zip Country 29 34233 30 34233

4. FEI Number 65-0330490 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TUCKER, DOLORES
5191 MOELLER AVE
SARASOTA FL 34233

10. Name and Address of New Registered Agent
81 Name KATHI H. GROVES
82 Street Address (P.O. Box Number is Not Acceptable) 5230 MOELLER AVENUE
83
84 City SARASOTA FL 85 Zip Code 34233

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 *Kathi H. Groves* (NOTE: Registered Agent signature required when reinstating) DATE 4/28/97

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME PD GROVES, KATHI H
STREET ADDRESS 5230 MOELLER AVE
CITY-ST-ZIP SARASOTA FL 34233-3266
TITLE DELETE
NAME VD STUBBLEFIELD, JERRY L
STREET ADDRESS 5182 MOELLER AVE
CITY-ST-ZIP SARASOTA FL 34233
TITLE DELETE
NAME STD TUCKER, DOLORES
STREET ADDRESS 5191 MOELLER AVE
CITY-ST-ZIP SARASOTA FL 34233
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME STD MARK BOHLMAN
3.3 STREET ADDRESS 5153 BIRCH AVENUE
3.4 CITY-ST-ZIP SARASOTA, FL 34233
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Kathi H. Groves* DATE: 4/28/97

CR2E037 (9/96)