

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0667542

DOCUMENT # N43393

1. Corporation Name

CEDAR GROVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5230 MOELLER AVE
SARASOTA FL 34233
US

Mailing Address

5230 MOELLER AVE
SARASOTA FL 34233
US



2. Principal Place of Business

21 5182 MOELLER AVE.
Suite, Apt. #, etc

22 City & State

23 SARASOTA, FL

24 Zip

34233

25 USA

2a. Mailing Address

26 5182 MOELLER AVE.
Suite, Apt. #, etc

27 City & State

28 SARASOTA, FL

29 Zip

34233

30 USA

3. Date Incorporated or Qualified

05/14/1991

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

9. Name and Address of Current Registered Agent

GROVES, KATHI
5230 MOELLER AVE
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name JERRY STUBBLEFIELD

82 Street Address (P.O. Box Number is Not Acceptable)

83 5182 MOELLER AVE.

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

Jerry Stubblefield PRESIDENT, CEDAR GROVE H.A., INC. 04-30-99

Signature, type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME GROVES, KATHI H
STREET ADDRESS 5230 MOELLER AVE
CITY-ST-ZIP SARASOTA FL 34233-3266
(Do NOT DELETE) JA

TITLE VD DELETE
NAME STUBBLEFIELD, JERRY L
STREET ADDRESS 5182 MOELLER AVE
CITY-ST-ZIP SARASOTA FL 34233

TITLE STD DELETE
NAME BOHLMAN, MARK
STREET ADDRESS 5753 BIRCH AVE
CITY-ST-ZIP SARASOTA FL

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

11 TITLE P/D Change Addition
12 NAME GROVES, KATHI H.
13 STREET ADDRESS 5230 MOELLER AVE.
14 CITY-ST-ZIP SARASOTA, FL 34233

21 TITLE P/D Change Addition
22 NAME STUBBLEFIELD, JERRY L.
23 STREET ADDRESS 5182 MOELLER AVE.
24 CITY-ST-ZIP SARASOTA, FL 34233

31 TITLE V/D Change Addition
32 NAME HEATHER WIEDERHOLD
33 STREET ADDRESS 5108 BIRCH AVE.
34 CITY-ST-ZIP SARASOTA, FL 34233

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME 400003009104
53 STREET ADDRESS -10/07/99--01094--019
54 CITY-ST-ZIP *****61.25 *****61.25

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

CR2E037 (1/98)

14. 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 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, with all other like empowered.

SIGNATURE:

Jerry Stubblefield

04-30-99

Date

(941) 951-3051

Daytime Phone #

KE