2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43393

FILED Apr 04, 2006 Secretary of State

Entity Name: CEDAR GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5182 MOELLER AVE. 5108 BIRCH AVE.

SARASOTA, FL 34233 US SARASOTA, FL 34233 US

Current Mailing Address: New Mailing Address:

5182 MOELLER AVE. 5108 BIRCH AVE.

SARASOTA, FL 34233 US SARASOTA, FL 34233 US

FEI Number: 65-0330490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STUBBLEFIELD, JERRY WIEDERHOLD, HEATHER 5182 MOELLER AVE. 5108 BIRCH AVE.

SARASOTA, FL 34233 US SARASOTA, FL 34233 US

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.

SIGNATURE: HEATHER WIEDERHOLD 04/04/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PD (X) Change () Addition Name: STUBBLEFIELD, JERRY L Name: WIEDERHOLD, HEATHER

Address: 5182 MOELLER AVE Address: 5108 BIRCH AVE
City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 BOWERS, LAURA
 Name:
 NEWELL, ELIZABETH

 Address:
 5143 MOELLER AVE
 Address:
 5124 BIRCH AVE

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:
 SARASOTA, FL 34233

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 NAHON, CLAUDE
 Name:
 WYPISZYNSKI, TARA

 Address:
 5204 BIRCH AVE
 Address:
 5249 BIRCH AVE

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:
 SARASOTA, FL 34233

Title: () Delete Title: TD () Change (X) Addition

 Name:
 Name:
 TURNER, SEAN

 Address:
 Address:
 5172 BIRCH AVE

 City-St-Zip:
 City-St-Zip:
 SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER WIEDERHOLD PD 04/04/2006