

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N43393

FILED  
Jul 28, 2003  
Secretary of State

Entity Name: CEDAR GROVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5182 MOELLER AVE.  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

5182 MOELLER AVE.  
SARASOTA, FL 34233 US

**New Mailing Address:**

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

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

STUBBLEFIELD, JERRY  
5182 MOELLER AVE.  
SARASOTA, FL 34233 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: STUBBLEFIELD, JERRY L  
Address: 5182 MOELLER AVE  
City-St-Zip: SARASOTA, FL 34233

Title: VD ( ) Delete  
Name: CASTELLO, KELLY  
Address: 5105 BIRCH AVE.  
City-St-Zip: SARASOTA, FL 34233

Title: SD ( ) Delete  
Name: MARKEN, MELANIE  
Address: 5239 MOELLER AVE  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: ANDERSON, SUZANNE  
Address: 5182 MOELLER AVE  
City-St-Zip: SARASOTA, FL 34233

Title: SD (X) Change ( ) Addition  
Name: NAHON, CLAUDE  
Address: 5204 BIRCH AVE  
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 Section 119.07(3)(i), 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: JERRY STUBBLEFIELD

PTD

07/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date