

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2009
Secretary of State**

DOCUMENT# N94000003148

Entity Name: BIG CEDAR POND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6745 CALIPH AVE.
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

6745 CALIPH AVE.
COCOA, FL 32927

New Mailing Address:

FEI Number: 59-3266590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOILEAU, JOHN L
3490 NORTH US HIGHWAY 1
COCOA, FL 32926 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: SD () Delete
Name: NELSON, LINDA
Address: 6725 CALIPH AVE
City-St-Zip: COCOA, FL 32927

Title: TD () Delete
Name: CUMMINS, CHARLOTTE
Address: 6745 CALIPH AVE.
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: MISTER, CHARLES
Address: 6775 CALIPH AVE.
City-St-Zip: COCOA, FL

Title: PD () Delete
Name: FLOWERS, NANCY
Address: 4540 DELESPINE RD.
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: GARRETT, SKROBOT
Address: 6785 CALIPH AVE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: OLGETREE, PAUL
Address: 6755 CALIPH AVE.
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MOHR, LINDA
Address: 6725 CALIPH AVE
City-St-Zip: COCOA, FL 32927

Title: TD (X) Change () Addition
Name: CUMMINS, SCOTT
Address: 6745 CALIPH AVE.
City-St-Zip: COCOA, FL 32927

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT CUMMINS

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date