

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006656

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** CEDAR RIVER CLUB OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

5700 SAN JUAN AVENUE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7333  
JACKSONVILLE, FL 32238

**New Mailing Address:**

FEI Number: 59-3544526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAUL, GRANT A  
3946 ST. JOHNS AVE  
113  
JACKSONVILLE, FL 32205 US

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

PAUL, GRANT A  
4604 CEDARWOOD RD.  
JACKSONVILLE, FL 32210 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/06/2010

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ROBERTS, CRAIG  
Address: 5700 SAN JUAN AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP  
Name: SMID, JOHN R  
Address: 5106 IMPERIAL COVE RD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SECY  
Name: HOWELL, CONNIE  
Address: 5700 SAN JUAN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TR  
Name: GRANT, PAUL A  
Address: 4606 CEDARWOOD RD.  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: PAUL A. GRANT

Electronic Signature of Signing Officer or Director

TREA

01/06/2010

Date