

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42492** (1)

1. Corporation Name

CEDARBEND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 985
OVIEDO FL 32765

P.O. BOX 985
OVIEDO FL 32765

3. Date Incorporated or Qualified
03/14/1991

3a. Date of Last Report
09/07/1995

2. Principal Place of Business

2a. Mailing Address

21 **P.O. BOX 620985**

26 **P.O. BOX 620985**

4. FEI Number
59-3058281

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

23 **OVIEDO, FLORIDA**

27 **OVIEDO, FLORIDA**

24 **32762-0985** 25 **USA**

29 **32762-0985** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIAN GRIFFIN
620 NEILE COURT
OVIEDO, FL 32765

81 Name

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

83

84 City

FL

85 Zip Code

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

BRIAN GRIFFIN (D) *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PINCHERA, PAUL	
STREET ADDRESS	640 NEILE CT.	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TILLMAN, MIKE	
STREET ADDRESS	554 RACHAEL CT.	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, LISA	
STREET ADDRESS	620 NEILE CT.	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JAMES, CAROL	
STREET ADDRESS	781 JORDON CT.	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, BRIAN	
STREET ADDRESS	620 NEILE CT.	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, BONNIE	
STREET ADDRESS	784 JORDON CT.	
CITY - ST - ZIP	OVIEDO FL 32765	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PD
23 STREET ADDRESS	TILLMAN, MIKE
24 CITY - ST - ZIP	554 RACHAEL CT.
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	VD
33 STREET ADDRESS	RICHMOND, GREG
34 CITY - ST - ZIP	537 RACHAEL CT.
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature] **BRIAN GRIFFIN**

2/7/96

967-281-2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)