

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766460 (0)
1. Corporation Name
CEDAR BEND PATIO-HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1976 HICKORY RUN EAST **1976 HICKORY RUN EAST**
ORANGE PARK FL 32073 **ORANGE PARK FL 32073**

3. Date Incorporated or Qualified **01/10/1983** 3a. Date of Last Report **03/15/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
		26		59-2342711		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

JONES, TERRANCE A.
769 BLANDING BLVD.
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRADTNER, GEORGE J.	12 NAME	
STREET ADDRESS	1968 HAZELNUT RUN WEST	13 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRARD, PAUL W	22 NAME	
STREET ADDRESS	1968 HICKORY RUN WEST	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	24 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EVERETT	32 NAME	
STREET ADDRESS	1957 BLUEBIRD RUN EAST	33 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, HENRY B.	42 NAME	
STREET ADDRESS	1969 HICKORY RUN WEST	43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, OTHO L.	52 NAME	
STREET ADDRESS	1962 BLUEBIRD RUN EAST	53 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, VICTOR	62 NAME	
STREET ADDRESS	1959 HAZELNUT R.W	63 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	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:

Paul W Gerrard **PAUL W GERRARD** **4-16-96** **904 272-2316**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER/DIRECTOR

CR2E037 (12/95)