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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

P.O. BOX 620985  
OVIEDO FL 32762-0985

Mailing Address

P.O. BOX 620985  
OVIEDO FL 32762-0985



3. Date Incorporated or Qualified  
03/14/1991

3a. Date of Last Report  
03/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3058281

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFIN, BRIAN  
620 NEILE CT.  
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

Signature typed or printed name of registered agent and fee, 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  
NAME TILLMAN, MIKE  
STREET ADDRESS 554 RACHAEL COURT  
CITY- ST- ZIP OVIEDO FL 32765

☐ DELETE

1.1 TITLE D  
1.2 NAME TILLMAN, MIKE  
1.3 STREET ADDRESS 554 RACHAEL CT.  
1.4 CITY- ST- ZIP OVIEDO, FL 32765

☒ Change ☐ Addition

TITLE VD  
NAME RICHMOND, GREG  
STREET ADDRESS 537 RACHAEL CT.  
CITY- ST- ZIP OVIEDO FL 32765

☒ DELETE

2.1 TITLE VD  
2.2 NAME THAD BOWES  
2.3 STREET ADDRESS 650 NEILE CT.  
2.4 CITY- ST- ZIP OVIEDO, FL 32765

☐ Change ☒ Addition

TITLE SD  
NAME GRIFFIN, LISA  
STREET ADDRESS 620 NEILE CT.  
CITY- ST- ZIP OVIEDO FL 32765

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE TD  
NAME JAMES, CAROL  
STREET ADDRESS 781 JORDON CT.  
CITY- ST- ZIP OVIEDO FL 32765

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D  
NAME GRIFFIN, BRIAN BRIAN  
STREET ADDRESS 620 NEILE CT.  
CITY- ST- ZIP OVIEDO FL 32765

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D  
NAME HARRISON, BONNIE  
STREET ADDRESS 784 JORDON CT.  
CITY- ST- ZIP OVIEDO FL 32765

☐ DELETE

6.1 TITLE PD  
6.2 NAME HARRISON, BONNIE  
6.3 STREET ADDRESS 784 JORDON CT.  
6.4 CITY- ST- ZIP OVIEDO, FL 32765

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CAROL J. JAMES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL J. JAMES 1-15-97 407-623-1000

Date

Daytime Phone # 0014363

CR2E037 (9/96)