

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 766460 (0)
1. Corporation Name
CEDAR BEND PATIO-HOMEOWNERS ASSOCIATION, INC.Principal Place of Business
1976 HICKORY RUN EAST
ORANGE PARK FL 32073
Mailing Address
1976 HICKORY RUN EAST
ORANGE PARK FL 32073-25593. Date Incorporated or Qualified
01/10/1983
3a. Date of Last Report
04/24/1996
4. FEI Number
59-2342711
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 ☒ No2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	PD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRADTNER, GEORGE J.	1.2 NAME	VICTOR HAGER
STREET ADDRESS	1988 HAZELNUT RUN WEST	1.3 STREET ADDRESS	1959 HAZELNUT RUN
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD. EDWARD CLIFFORD. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERRARD, PAUL W	2.2 NAME	1958 OAK TWIST COURT.
STREET ADDRESS	1988 HICKORY RUN WEST	2.3 STREET ADDRESS	ORANGE PARK FL
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	32073
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, EVERETT	3.2 NAME	FLORENCE SANTASIERA.
STREET ADDRESS	1957 BLUEBIRD RUN EAST	3.3 STREET ADDRESS	1974 HAZELNUT RUN W.
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, HENRY B.	4.2 NAME	KIETH McCARTER
STREET ADDRESS	1969 HICKORY RUN WEST	4.3 STREET ADDRESS	1973 SWALLOW RUN W.
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	ORANGE PARK FL. 32073
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, OTHO L.	5.2 NAME	OTHO L. SMITH
STREET ADDRESS	1982 BLUEBIRD RUN EAST	5.3 STREET ADDRESS	1982 BLUEBIRD RUN E.
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGER, VICTOR	6.2 NAME	TERRY MONTGOMERY.
STREET ADDRESS	1959 HAZELNUT R.W	6.3 STREET ADDRESS	1971 BIRCH RUN W.
CITY-ST-ZIP	ORANGE PARK FL	6.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073

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:

SIGNATURE REQUIRED

2-5-97 904-272-1673

CR2E037 (9/96)