


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766460** (0)  
1. Corporation Name  
**CEDAR BEND PATIO-HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1976 HICKORY RUN EAST ORANGE PARK FL 32073</b>	Mailing Address <b>1976 HICKORY RUN EAST ORANGE PARK FL 32073</b>
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3. Date Incorporated or Qualified <b>01/10/1983</b>
4. FEI Number <b>59-2342711</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>JONES, TERRANCE A. 789 BLANDING BLVD. ORANGE PARK FL 32065</b>	
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10. Name and Address of New Registered Agent	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	NAME, STREET ADDRESS, CITY-ST-ZIP
PD	HAGER, VICTORIA 1959 HAZELNUT RUN ORANGE PARK FL
TD	CLIFFORD, EDWARD 1955 OAK TWIST COURT ORANGE PARK FL
SD	JONES, EVERETT 1957 BLUEBIRD RUN EAST ORANGE PARK FL
DV	TAYLOR, HENRY B. 1969 HICKORY RUN WEST ORANGE PARK FL
D	SMITH, OTHO L. 1962 BLUEBIRD RUN EAST ORANGE PARK FL
D	MONTGOMERY, TERRY 1971 BIRCH RUN W. ORANGE PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP HAGER, VICTOR
1.2 NAME	1959 HAZELNUT RUN E.
1.3 STREET ADDRESS	ORANGE PARK, FLA 32073
1.4 CITY-ST-ZIP	
2.1 TITLE	DT/S FLORENCE SANTARSIERI
2.2 NAME	1974 HAZELNUT RUN W.
2.3 STREET ADDRESS	ORANGE PARK, FLA 32073
2.4 CITY-ST-ZIP	
3.1 TITLE	DV KEITH MC CARTER
3.2 NAME	1973 SWALLOW RUN W.
3.3 STREET ADDRESS	ORANGE PARK, FLA 32073
3.4 CITY-ST-ZIP	
4.1 TITLE	D HENRY TAYLOR
4.2 NAME	1969 HICKORY RUN W
4.3 STREET ADDRESS	ORANGE PARK, FLA 32073
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *T. A. Jones, President* 4/26/98 904 272-8788

CR2E037 (10/97)