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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42492

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/14/1991	
22 City & State		27 City & State		4. FEI Number...	
23 Zip Country		28 Zip Country		59-3058281	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

JAMES, CAROL J
781 JORDON 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 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, TIMM	1.2 NAME	
STREET ADDRESS	635 NEILE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, VICTOR	2.2 NAME	SAM FRAGAPANE
STREET ADDRESS	640 NEILE CT	2.3 STREET ADDRESS	797 JORDON CT.
CITY-ST-ZIP	OVIEDO FL 32765	2.4 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHITE, BRUCE	3.2 NAME	BONNIE HARRISON
STREET ADDRESS	513 RACHAEL CT	3.3 STREET ADDRESS	784 JORDON CT
CITY-ST-ZIP	OVIEDO FL 32765	3.4 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, CAROL	4.2 NAME	
STREET ADDRESS	781 JORDON CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSARIUS, PAUL	5.2 NAME	
STREET ADDRESS	680 NEILE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

CAROL J. JAMES REPAID

1-5-99

623-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)