

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766460

Entity Name

CEDAR BEND PATIO-HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90078 044 ****61.25

Principal Place of Business

76 HICKORY RUN EAST
ORANGE PARK FL 32073

Mailing Address

1976 HICKORY RUN EAST
ORANGE PARK FL 32073

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2342711

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	HAGER, VICTOR	
STREET ADDRESS	1959 HAZELNUT RUN E.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	SANTARSIERI, FLORENCE	
STREET ADDRESS	1974 HAZELNUT RUN W	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCCARTER, KEITH	
STREET ADDRESS	1973 SWALLOW RUN W	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODOM, JUDY	
STREET ADDRESS	1962 SWALLOW RUN E.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, OTHO L.	
STREET ADDRESS	1962 BLUEBIRD RUN EAST	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCROGGIN, FRED	
STREET ADDRESS	1961 OAK TWIST COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Victor Hager
VICTOR HAGER

1/10/02 9042728788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)