

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90029 024 \*\*\*\*61.25

**DOCUMENT # 766460**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2342711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME HAGER, VICTOR  
STREET ADDRESS 1959HAZELNUT RUN E.  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE DTS ☒ Delete  
NAME SANTARSIERI, FLORENCE  
STREET ADDRESS 1974 HAZELNUT RUN W  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete  
NAME HAVEY, MARTIN  
STREET ADDRESS 1971 BIRCH RUN WEST  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete  
NAME ODOM, JUDY  
STREET ADDRESS 1962 SWALLOW RUN E.  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete  
NAME ACKERMAN, SUSANNE  
STREET ADDRESS 1973 BLUEBIRD WEST  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete  
NAME SCROGGIN, FRED  
STREET ADDRESS 1961 OAK TWIST COURT  
CITY-ST-ZIP ORANGE PARK FL 32073

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME KEN AYMOND  
STREET ADDRESS 1967 BLUEBIRD RUN W.  
CITY-ST-ZIP ORANGE PARK, FL. 32073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/V ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

Date

904 2728788

Daytime Phone #