

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752398

FILED
Mar 13, 2009
Secretary of State

Entity Name: CEDAR COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 59-2132246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN LEVINE, JAY
2500 NORTH MILTON TRAIL
STE. 283
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: THOMPSON, DOROTHY
Address: 4461 OAK TERRACE DR
City-St-Zip: LAKE WORTH, FL

Title: SD () Delete
Name: CLEMENTS, JILL
Address: 4488 OAK TERRACE DR
City-St-Zip: LAKE WORTH, FL 33463

Title: PD () Delete
Name: BRATNICK, JEAN A
Address: 4468 OAK TERRACE DR
City-St-Zip: GREENACRES CITY, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: THOMPSON, DOROTHY V
Address: 4461 OAK TERRACE DR
City-St-Zip: GREENACRES CITY, FL 33463

Title: S (X) Change () Addition
Name: CLEMENTS, JILL A S
Address: 4488 OAK TERRACE DR
City-St-Zip: GREENACRES CITY, FL 33463

Title: PT (X) Change () Addition
Name: BRATNICK, JEAN A PT
Address: 4468 OAK TERRACE DR
City-St-Zip: GREENACRES CITY, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON ABREU, APM

AGT

03/13/2009

Electronic Signature of Signing Officer or Director

Date