

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766460

FILED
Jul 12, 2009
Secretary of State

Entity Name: CEDAR BEND PATIO-HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1976 HICKORY RUN EAST
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1976 HICKORY RUN EAST
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-2342711 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JONES, TERRANCE A.
1835-17 EAST WEST PARKWAY
ORANGE PARK, FL 32003 US

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: _____

07/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAGER, VICTOR
Address: 1959HAZELNUT RUN E.
City-St-Zip: ORANGE PARK, FL 32073

Title: VD () Delete
Name: AYMOND, KEN
Address: 1967 BLUEBIRD RUN W.
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: HAVEY, MARTIN
Address: 1971 BIRCH RUN WEST
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: ODOM, JUDY
Address: 1962 SWALLOW RUN E.
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: ACKERMAN, SUSANNE
Address: 1973 BLUEBIRD WEST
City-St-Zip: ORANGE PARK, FL 32073

Title: DS () Delete
Name: JOHNSON, TAMMY
Address: 1954 OAK TWIST CT
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEIDIG, ANGELA
Address: 1974 ACORN RUN W.
City-St-Zip: ORANGE PARK, FL 32073

Title: VD (X) Change () Addition
Name: WALKER, PHILIP
Address: 1966 SWALLOW RUN W.
City-St-Zip: ORANGE PARK, FL 32073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA HAGER

TD

07/12/2009

Electronic Signature of Signing Officer or Director

Date