I hereby 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 all other like empowered.

Title	D	Title	D
Name	HAVEY, MARTIN	Name	ODOM, JUDY
Address	1971 BIRCH RUN WEST	Address	1962 SWALLOW RUN E.
City-State-Zip:	ORANGE PARK FL 32073	City-State-Zip:	ORANGE PARK FL 32073
Title	DT/S	Title	D
Title Name	DT/S HAGER, LINDA	Title Name	D UNGER, FRANK
			-
Name	HAGER, LINDA	Name	UNGER, FRANK

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.

Title

Name

Address

City-State-Zip:

SIGNATURE: Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title

Name

Address

DP

WALKER, PHIL

City-State-Zip: ORANGE PARK FL 32073

1966 SWALLOW RUN WEST

# ORANGE PARK, FL 32003 US

# **Current Mailing Address:**

### Name and Address of Current Registered Agent:

JONES, TERRANCE A. 1835-17 EAST WEST PARKWAY

## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 766460**

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

### **Current Principal Place of Business:**

1976 HICKORY RUN EAST ORANGE PARK. FL 32073

1976 HICKORY RUN EAST ORANGE PARK. FL 32073

#### FEI Number: 59-2342711

## Certificate of Status Desired: No

DV

SHAFFER, LINDA

DIRECTOR T/S

1964 OAK TWIST COURT

ORANGE PARK FL 32073

03/21/2014

Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 21, 2014 Secretary of State CC9465922498

Date