

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003148

**Entity Name:** BIG CEDAR POND HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6745 CALIPH AVE.  
COCOA, FL 32927

**Current Mailing Address:**

6745 CALIPH AVE.  
COCOA, FL 32927

**FEI Number: 59-3266590**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOILEAU, JOHN L  
3490 NORTH US HIGHWAY 1  
COCOA, FL 32926 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name MOHR, LINDA  
Address 6725 CALIPH AVE  
City-State-Zip: COCOA FL 32927

Title TSD  
Name CUMMINS, SCOTT  
Address 6745 CALIPH AVE.  
City-State-Zip: COCOA FL 32927

Title D  
Name MISTER, CHARLES  
Address 6775 CALIPH AVE.  
City-State-Zip: COCOA FL

Title PD  
Name FLOWERS, NANCY  
Address 4540 DELESPINE RD.  
City-State-Zip: COCOA FL 32927

Title D  
Name GARRETT, SKROBOT  
Address 6785 CALIPH AVE  
City-State-Zip: COCOA FL 32927

Title D  
Name OLGETREE, CRYSTAL  
Address 6755 CALIPH AVE.  
City-State-Zip: COCOA FL 32927

Title VD  
Name TARNTINO, RALPH  
Address 4550 DELESPINE RD.  
City-State-Zip: COCOA FL 32927

*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.*

**SIGNATURE: SCOTT CUMMINS**

**TSD**

**04/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date