

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006656

Entity Name: CEDAR RIVER CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business:

5700 SAN JUAN AVENUE
JACKSONVILLE, FL 32210

Current Mailing Address:

P.O. BOX 7333
JACKSONVILLE, FL 32238

FEI Number: 59-3544526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, CRAIG
3436 LAKE SHORE BLVD
#7
JACKSONVILLE, FL 32210 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: CRAIG ROBERTS

01/29/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name ROBERTS, CRAIG
Address 3436 LAKE SHORE BLVD
 #7
City-State-Zip: JACKSONVILLE FL 32210

Title VP
Name SMID, JOHN R
Address 5106 IMPERIAL COVE RD
City-State-Zip: JACKSONVILLE FL 32210

Title SECY
Name HOWELL, CONNIE
Address 4856 BEEFEATERS RD
City-State-Zip: JACKSONVILLE FL 32210

Title TR
Name SMID, VICKI
Address 5106 IMPERIAL COVE RD
City-State-Zip: JACKSONVILLE FL 32210

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: VICKI SMID

TR

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date