

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # 539174

1. Entity Name
CEDARS CONDOMINIUM CORPORATION



Principal Place of Business

**5100 87TH ST. E.
BRADENTON, FL 34211 US**

Mailing Address

**5100 87TH ST. E.
BRADENTON, FL 34211 US**



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1768645

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOGAN, PATRICK
5100 87TH ST. E.
BRADENTON, FL 34211**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, R A 5100 87TH ST. E. BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HOGAN, PATRICK 5100 87TH ST. E. BRADENTON, FL 34211
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04/27/07-80040-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

(941) 758-2424

Date

Daytime Phone #