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Jan 23 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 714066 (8)

1. Corporation Name

CEDAR HILLS ATHLETIC ASSOCIATION, INC.

Principal Place of Business

4337 WATOMA ST.  
P.O. BOX 14013  
JACKSONVILLE FL 32238-1013

Mailing Address

4337 WATOMA ST.  
P.O. BOX 14013  
JACKSONVILLE FL 32238-1013

3. Date Incorporated or Qualified

02/06/1968

4. FEI Number

59-6216158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, DURWARD E  
1988 MUNCIE AVE  
JACKSONVILLE FL 32210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-1998

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S BOEHM, CHERYL  
5320 CHERRY LAUREL DR  
JACKSONVILLE FL 32210

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D DOUGHERTY, HYERS S  
9803 CREEKFRONT RD  
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D WALL, SCOTT  
6740 WATOMA STREET  
JACKSONVILLE FL 32210

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP LOEHMAN, JAMES R  
4840 LOFTY PINES CIRCLE  
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P ALLEN, DURWARD  
1988 MUNCIE AVENUE  
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T TAYLOR, DENISE  
6022 SUDBURY AVE  
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

S TYSON, PATTY  
5764 HURDIA RD  
JACKSONVILLE, FL 32244

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VP BARLANTI JR., ROBERT  
5811 HURDIA RD  
JACKSONVILLE, FL 32244

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

D

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Denise Taylor

Denise Taylor

Treasurer

1/10/98

004/228 0561

CR2E037 (10/97)