2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714066

FILED Feb 22, 2007 Secretary of State

Entity Name: CEDAR HILLS ATHLETIC ASSOCIATION, INC.

Current Pi	rincipal Place of Business:	New Principal Place of Business:
4337 WAT P.O. BOX JACKSON		4337 WATOMA ST. JACKSONVILLE, FL 32210
Current Mailing Address:		New Mailing Address:
4337 WATO P.O. BOX ' JACKSON'		P. O. BOX 14013 JACKSONVILLE, FL 322381013
FEI Number:	59-6216158 FEI Number Applied For () FE	El Number Not Applicable () Certificate of Status Desired (X)
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
6743 SNO\	, DONALD W WHITE DR VILLE, FL 32210 US	PROVOST, DONALD 8142 KILKELLY LN S JACKSONVILLE, FL 32244 US
	named entity submits this statement for the purpo of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATUF	RE:	02/22/2007
	Electronic Signature of Registered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () Delete HERREN, TODD 6150 CONNIE JEAN RD JACKSONVILLE, FL 32222	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete HERREN, KEITH VP 7732 KNOLL DR S. JACKSONVILLE, FL 32221	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	P () Delete PROVOST, DONALD 6743 SNOW WHITE DR. JACKSONVILLE, FL 32210	Title: P (X) Change () Addition Name: PROVOST, DONALD Address: 8142 KILKELLY LN S City-St-Zip: JACKSONVILLE, FL 32244
Title: Name: Address: City-St-Zip:	S () Delete PROVOST, VALENCIA 6743 SNOW WHITE DR JACKSONVILLE, FL 32210	Title: S (X) Change () Addition Name: FRASCELLO, DAWN Address: 6340 FEDOR CT City-St-Zip: JACKSONVILLE, FL 32244
Title: Name: Address: City-St-Zip:	D () Delete NEWSOM, PAM 7249 NORKA DR. JACKSONVILLE, FL 32210	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete TAYLOR, DENISE 6022 SUDBURY AVE JACKSONVILLE, FL 32210	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENISE TAYLOR T 02/22/2007