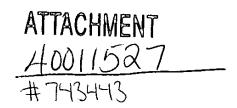
## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 08, 2007 8:00 am Secretary of State 02-08-2007 90040 048 \*\*\*\*70.00

DOCUMENT # 743443  1. Entity Name CEDAR DUNES OWNERS ASSOCIATION, INC.					NIIae.		, 6.66	
Principal Place of Business Mailing Address 157 CEDAR DUNES DR. 157 CEDAR DUNES DR. NEW SMYRNA BCH, FL 32169 NEW SMYRNA BCH, FL 321			32169				IRAND AU FRENN	
2. Principal Place of Business - No P.O. 8ox # 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-1933	729	<b>├</b>	oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Ade Fee Require		
	6. Name and Address of Current F	Registered Agent		7. Name and A	ddress of New F	Registered Agent		
LYNCH, JOSEPH 144 CEDAR DUNES DRIVE NEW SMYRNA BEACH, FL 32169				Name Street Address (P.O. Box Number is Not Acceptable)				
ļ			City		••	FL Zip Cod	le	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	registered agent, or both,	in the State of Fl	orida. Tam familiar with,	and accept	
SIGNATURE .								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signet	ure required when reinstating)		DATE		
	Signature, speed or privided name of registered opent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE  flake check payable trida Department of S		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flo	lake check payable t	tate	
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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 617, 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.

SOUTH LYNL JOSEPH J. LYNCH, TREASURER 2/5/07 386 424 9685 SIGNATURE:



Attachment to:

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Entity: Cedar Dunes Owners Association

157 Cedar Dunes Drive

New Smyrna Beach Florida, 32169

Box 11 Additions / Changes to Officers in 10

Title:

D

Change Addition x

Name:

John Tracy

Address:

7 Cedar Dunes Drive

City St Zip

New Smyrna Beach, Fl. 32169