
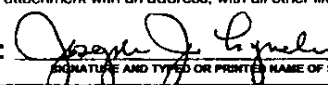


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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. | | | |  | |
| Principal Place of Business 157 CEDAR DUNES DR. NEW SMYRNA BCH, FL 32169 | | | Mailing Address 157 CEDAR DUNES DR. NEW SMYRNA BCH, FL 32169 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02052007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-1933729 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LYNCH, JOSEPH 144 CEDAR DUNES DRIVE NEW SMYRNA BEACH, FL 32169 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HUGHES, ROBERT 139 CEDAR DUNES DRIVE NEW SMYRNA BEACH, FL 32169 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TAYLOR, RANDY 61 CEDAR DUNES DR NEW SMYRNA BEACH, FL 32169 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROBINS, ANDREA 101 CEDAR DUNES DR NEW SMYRNA BEACH, FL 32169 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MATSON, WINIFRED 31 SAXON DRIVE NEW SMYRNA BCH, FL 32169 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THRASHER, HELEN 94 SAXON DRIVE NEW SMYRNA BCH, FL 32169 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORAN, CHARLES 15 SAND DUNE DR. NEW SMYRNA BEACH, FL 32169 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DALEY, GERARD 143 CEDAR DUNES DRIVE NEW SMYRNA BEACH, FL 32169 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LYNCH, JOSEPH J 144 CEDAR DUNES DRIVE NEW SMYRNA BEACH, FL 32169 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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 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. | | | | | |
| SIGNATURE:  JOSEPH J. LYNCH, TREASURER 2/5/07 386 424 9685 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

40011041



ATTACHMENT

40011527

743443

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 | <u>x</u> |
| Name: | John Tracy | | | | |
| Address: | 7 Cedar Dunes Drive | | | | |
| City St Zip | New Smyrna Beach, Fl. 32169 | | | | |