

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745947

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: CEDAR POINTE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044

## New Principal Place of Business:

## Current Mailing Address:

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044

## New Mailing Address:

FEI Number: 59-2279112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ULM, JEFFREY A  
2435 US 19 #270  
HOLIDAY, FL 34691 US

## Name and Address of New Registered Agent:

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 US

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.

SIGNATURE: JAMES W HART JR

03/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BENTON, ROBERT  
Address: 6189 CHESHAM DR. #6  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD ( ) Delete  
Name: DEDOMINICIS, ERMANNO  
Address: 6124 CHESHAM DR #8  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD ( ) Delete  
Name: LUSZCAK, JR, WALTER  
Address: 6141 CHESHAM DR #1  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD ( ) Delete  
Name: KLEIN, LES  
Address: 6176 CHESHAM DR #7  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: MCSALIS, MARY ANN  
Address: 6141 CHESHAM DR #8  
City-St-Zip: NEW PORT RICHEY, FL 34653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DEDOMINICIS, ERMANNO  
Address: 6124 CHESHAM DR #8  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD (X) Change ( ) Addition  
Name: LUSZCAK, WALTER JR  
Address: 6141 CHESHAM DR #1  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT BENTON

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date