

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90090 005 \*\*\*\*61.25

**DOCUMENT # 752612**

1. Entity Name

**CEDAR COVE TOWNHOUSES CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**4400 NW 36 AVE  
GAINESVILLE FL 32606  
US**

Mailing Address  
**4400 NW 36 AVE  
GAINESVILLE FL 32606  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2433772**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIPPE, PAT  
4400 NW36 AVE  
GAINESVILLE FL 32606**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, J JOHN	
STREET ADDRESS	P O BOX 2086	
CITY-ST-ZIP	ELKHART IN 46515	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CASSISI, NICHOLS	
STREET ADDRESS	3105 SW 5TH COURT	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DURA, TOM	
STREET ADDRESS	1275 EAST RIDGE AVE	
CITY-ST-ZIP	BOULDER CO 80303	
TITLE	Pres.	<input type="checkbox"/> Delete
NAME	Warren Lodge	
STREET ADDRESS	240 Captains Walk	
CITY-ST-ZIP	Delray Beach, FL. 33483	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME	Penny Travis	
STREET ADDRESS	6705 SW 100 Ln.	
CITY-ST-ZIP	Gainesville, FL. 32608	
TITLE	Treas	<input type="checkbox"/> Delete
NAME	Kyle Balch	
STREET ADDRESS	11231 SW 27 Ave	
CITY-ST-ZIP	Gainesville, FL. 32607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warren Lodge	
STREET ADDRESS	240 Captains Walk	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Travis, Penny	
STREET ADDRESS	6705 SW 100 Lane	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Balch, Kyle	
STREET ADDRESS	11231 SW 27 Ave	
CITY-ST-ZIP	Gainesville FL 32607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

*Pat Trippe*

4-28-06 352-373-7800