

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752612

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** CEDAR COVE TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

500 NW 43RD  
STE. 3  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 NW 43RD  
STE. 3  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-2433772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNERSTONE PROPERTY SOLUTIONS OF NC FL  
500 NW 43RD STREET  
STE. 3  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LODGE, WARREN  
Address: 240 CAPTAINS WALK  
City-St-Zip: DELRAY BEACH, FL 33483

Title: S ( ) Delete  
Name: PENNY, TRAVIS  
Address: 6705 SW 100TH LN  
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete  
Name: BALCH, KYLE  
Address: 11231 SW 27TH AVE  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LODGE, WARREN  
Address: 52 2ND STREET B-1  
City-St-Zip: CEDAR KEY, FL 32625

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: WARREN LODGE

P

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date