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**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90001 047 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755601**

1. Corporation Name

**CEDAR TREE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

2019 5TH STREET WEST  
BRADENTON FL 34205-8307

Mailing Address

2019 5TH STREET WEST  
BRADENTON FL 34205-8307



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

12/18/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2052976

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLD STAR PROPERTIES  
2019 5TH ST W  
BRADENTON FL 34205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **John R. Reven**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **CARMODY, BART**  
CITY-ST-ZIP **110 DEER PATH CT**  
**OLDSMAR FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **JAN Soudsin**  
1.4 CITY-ST-ZIP **Bradenton FL 34209**

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **REVEN, JOHN R**  
CITY-ST-ZIP **4577 HAMLET GROVE DR.**  
**SARASOTA FL 34235**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **ALLEN, LOUIS**  
CITY-ST-ZIP **5602 CREEKWOOD DR.**  
**SARASOTA FL 33583**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **LAYCOCK, JOE**  
CITY-ST-ZIP **2019 5 ST W**  
**BRADENTON FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DELLALA, MIKE**  
CITY-ST-ZIP **2019 5 ST W**  
**BRADENTON FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **John R. Reven** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

941-747-7666

Date

Daytime Phone #

CR2E037 (11/98)