## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#759006** 

FILED Apr 16, 2009 Secretary of State

Entity Name: CEDAR PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

MICHAEL SWOR 265 CEDAR PARK CIRCLE SARASOTA, FL 34242

Current Mailing Address: New Mailing Address:

MICHAEL SWOR 265 CEDAR PARK CIRCLE SARASOTA, FL 34242

FEI Number: 59-2109421 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KUHN, WILLIAM
289 CEDAR PARK CIRCLE
SARASOTA, FL 34242 US
SWOR, MICHAEL
265 CEDAR PARK CIRCLE
SARASOTA, FL 34242 US
SARASOTA, FL 34242 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: MICHAEL SWOR 04/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SWOR, MICHAEL
 Name:

 Address:
 265 CEDAR PARK CIRCLE
 Address:

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:

Title: SEC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, KATE
 Name:

 Address:
 244 CEDAR PARK CIRCLE
 Address:

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:

 $\label{eq:title:Title:TR} \mbox{Title:} \mbox{ TR} \mbox{ () Delete} \mbox{ Title:} \mbox{ TR} \mbox{ (X) Change () Addition}$ 

Name:KUHN, WILLIAM R TRName:OLSON, DOUG R TRAddress:289 CEDAR PARK CIRCLEAddress:251 CEDAR PARK CIRCLECity-St-Zip:SARASOTA, FL 34242 USCity-St-Zip:SARASOTA, FL 34242 US

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: MICHAEL SWOR PR 04/16/2009