

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90220 022 \*\*\*\*61.25

**DOCUMENT # 759720**

1. Entity Name  
**THE NEIGHBORHOOD ASSOCIATION OF CEDAR RUN,  
INC.**



Principal Place of Business  
**2000 CEDAR RUN  
PLANT CITY, FL 33563 US**

Mailing Address  
**P O BOX 116  
PLANT CITY, FL 33564-0116 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0134931**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, CYNTHIA L  
2003 CEDAR RUN  
PLANT CITY, FL 33563**

7. Name and Address of New Registered Agent

Name  
**TELATHA HOWARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**2016 CEDAR RUN DR.**

City **PLANT CITY** **FL** Zip Code **33563-1447**

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 Telatha Howard Telatha Howard - Treasurer 1-9-2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **D** ☒ Delete  
NAME **WALKER, ARLENE**  
STREET ADDRESS **1911 CEDAR RUN CT.**  
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE **D** ☐ Delete  
NAME **GALES, FRANK**  
STREET ADDRESS **2020 CEDAR RUN DR.**  
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE **TD** ☒ Delete  
NAME **JOHNSON, CYNTHIA**  
STREET ADDRESS **2003 CEDAR RUN**  
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE **D** ☐ Delete  
NAME **BROWN, MIKE**  
STREET ADDRESS **2039 CEDAR RUN DR.**  
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE **PD** ☐ Delete  
NAME **ELSTON, SHIRLEY**  
STREET ADDRESS **2000 CEDAR RUN**  
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **VD** ☐ Delete  
NAME **WETHERSBEE, TILLMAN**  
STREET ADDRESS **2007 CEDAR RUN**  
CITY-ST-ZIP **PLANT CITY, FL 33563**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME **ELMAR ROBBINS**  
STREET ADDRESS **2017 CEDAR RUN DR.**  
CITY-ST-ZIP **PLANT CITY, FL 33563-1447**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition  
NAME **TELATHA HOWARD**  
STREET ADDRESS **2016 CEDAR RUN DR.**  
CITY-ST-ZIP **PLANT CITY, FL 33563-1447**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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 Telatha Howard Telatha Howard 1-9-2007 813-752-0467  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #