## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # 761434** 1. Entity Name 04-20-2005 90298 045 \*\*\*\*61.25 CEDAR HAMMOCK OWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business 5317 FRUITVILLE ROAD 5211 CEDAR HAMMOCK COURT SARASOTA FL 34232 #185 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 59-2274590 Not Applicable \$8.75 Additional Ζip Country Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PFUGNER, J. GEOFFREY Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 600 SARASOTA FL 34237 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 DATE Signature, typed or printed name of registered agent and title if applicable N 2005 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11 10. PΠ Delete PD ☐ Change Addition TITLE TITLE WHITMER, BILL MONA CLIFFORD BAKER NAME NAME 5211 CERAR HAMMOCK TRYE 5259 CEDAR HAMMOCK DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP SALASOTA FL 39232 CITY-ST-ZIP VPD TITLE ☐ Change ☐ Addition TITLE Defete ROBISON, HAROLD NAME NAME 5244 CEDAR HAMMOCK PLACE STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CLTY-ST-ZIP TD Delete TITLE Change Addition NHOL , LIBNNOOS DARNER, JULIE NAME 5162 CEDAR HAMMOULDRIVE 5211 CEDAR HAMMOCK COURT STREET ADDRESS STREET ADDRESS SAGASOTA, FL 34232 SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change 4 Addition TIT1 F Delete FERNANDEZ, CORINNA MAIO, LYNN NAME NAME 5174 CEDAR HAMMOCK CANE 5146 CEDAR HAMMOCK DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 SACASOTA, FL 34232 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE BAKER, MONA FOSSE DAYID NAME NAME 5211 CEDAR HAMMOCK DRIVE 5127 CEDAR HAMMOCK DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 SARASOTA, FL 34232 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE O'DONNELL, JOHN PARCELL, CAMI NAME NAME 5165 CEDAR HAMMOCK LANE 5162 CEDAR HAMMOCK DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 SACASOTA FL 34232 CITY-ST-ZIP CITY-ST-7/P

**FILED** 

SIGNATURE: MONA CLIFFORD BAKER 2/20/05 941-342-9006
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR DIRECTOR

Date

Dat

12. 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 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.