

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90418 014 ****61.25

DOCUMENT # 761434

1. Entity Name

CEDAR HAMMOCK OWNERS' ASSOCIATION, INC.



Principal Place of Business

5211 CEDAR HAMMOCK COURT
SARASOTA FL 34232
US

Mailing Address

5317 FRUITVILLE ROAD
#185
SARASOTA FL 34232
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2274590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PFUGNER, J. GEOFFREY
2033 MAIN STREET
SUITE 600
SARASOTA FL 34232

Name **ULRICH, RICHARD A.**

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

2940 SOUTH TAMiami TRAIL

City **SARASOTA,**

FL

Zip Code

34239

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

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

ULRICH, RICHARD A
2940 SOUTH TAMiami TRAIL
SARASOTA, FL 34239

4/13/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BAKER, MONA C
STREET ADDRESS 5211 CEDAR HAMMOCK DR
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE VPD ☒ Delete
NAME ROBISON, HAROLD
STREET ADDRESS 5244 CEDAR HAMMOCK PLACE
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Change ☒ Addition
NAME **GREG SCHINZEL**
STREET ADDRESS **5174 CEDAR HAMMOCK LANE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE TD ☒ Delete
NAME O'DONNELL, JOHN
STREET ADDRESS 5162 CEDAR HAMMOCK DR
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Change ☒ Addition
NAME **FATIMA DA SILVA**
STREET ADDRESS **5139 CEDAR HAMMOCK DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE SD ☒ Delete
NAME FERNANDEZ, CORINNA
STREET ADDRESS 5174 CEDAR HAMMOCK DR
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Change ☒ Addition
NAME **DEE DEE STUART**
STREET ADDRESS **5280 CEDAR HAMMOCK PLACE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE D ☒ Delete
NAME FOSSE, DAVID
STREET ADDRESS 5127 CEDAR HAMMOCK DR
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Change ☒ Addition
NAME **DAVID PERKOWSKI**
STREET ADDRESS **5145 CEDAR HAMMOCK LANE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE D ☒ Delete
NAME PARCELL, CAMI
STREET ADDRESS 5165 CEDAR HAMMOCK DR
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Change ☒ Addition
NAME **BONA LEE**
STREET ADDRESS **5123 CEDAR HAMMOCK LANE**
CITY-ST-ZIP **SARASOTA, FL 34232**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mona C Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 94-342-9006