


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90039 040 ****61.25

DOCUMENT # 761434 1. Entity Name CEDAR HAMMOCK OWNERS' ASSOCIATION, INC.					
Principal Place of Business 5211 CEDAR HAMMOCK COURT PLACE SARASOTA, FL 34232 US				Mailing Address 5317 FRUITVILLE ROAD #185 SARASOTA, FL 34232 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01162007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2274590	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ULRICH, RICHARD A. 2940 S. TAMiami TRAIL SARASOTA, FL 34239				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD D BAKER, MONA C <input type="checkbox"/> Delete 5211 CEDAR HAMMOCK DR SARASOTA, FL 34232			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DRAGOLovich, Alex 5189 Cedar Hammock Dr Sarasota FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete SCHINZEL, GREG 5174 CEDAR HAMMOCK LANE SARASOTA, FL 34232			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete DA SILVA, FATIMA 5139 CEDAR HAMMOCK DRIVE SARASOTA, FL 34232			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD / TD <input type="checkbox"/> Delete STUART, BEE-DEE DEE 5280 CEDAR HAMMOCK DRIVE SARASOTA, FL 34232			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perkowski <input type="checkbox"/> Delete PERROLUSRI, DAVID 5195 CEDAR HAMMOCK DRIVE SARASOTA, FL 34232			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B SC <input type="checkbox"/> Delete LEE, BONA 5123 CEDAR HAMMOCK DRIVE SARASOTA, FL 34232			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>DEE Stuart</i> <i>DEE STUART</i> 4/29/07 941-371-7006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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