

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761434

FILED
Apr 07, 2009
Secretary of State

Entity Name: CEDAR HAMMOCK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5280 CEDAR HAMMOCK PLACE
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

5317 FRUITVILLE ROAD
#185
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-2274590 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ULRICH, RICHARD A.
2940 S. TAMIAMI TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAKER, MONA C
Address: 5211 CEDAR HAMMOCK DR
City-St-Zip: SARASOTA, FL 34232

Title: VPD () Delete
Name: SCHINZEL, GREG
Address: 5174 CEDAR HAMMOCK LANE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: MILGATE, BRIAN
Address: 5232 CEDAR HAMMOCK COURT
City-St-Zip: SARASOTA, FL 34232

Title: PDTD () Delete
Name: STUART, DEE
Address: 5280 CEDAR HAMMOCK DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: HERSCHBERGER, MICHAEL
Address: 5230 CEDAR HAMMOCK PLACE
City-St-Zip: SARASOTA, FL 34232

Title: SC () Delete
Name: LEE, BONA
Address: 5123 CEDAR HAMMOCK LANE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DUANE K STUART

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date