

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

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90106 001 ****61.25

DOCUMENT # 762705

1. Entity Name

**CEDAR COVE EFFICIENCY CONDOMINIUM II
ASSOCIATION, INC.**



Principal Place of Business

**4400 NORTHWEST 36TH AVENUE
GAINESVILLE FL 32606
US**

Mailing Address

**4400 NORTHWEST 36TH AVENUE
GAINESVILLE FL 32606
US**

50050600



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3026529

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PAT TRIPPE MANAGEMENT SPECIALISTS
4400 NORTHWEST 36TH AVENUE
GAINESVILLE FL 32606**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **DP** ☐ Delete
NAME **WHITE, WALTER G.**
STREET ADDRESS **2565 JOLLY RD SUITE 250**
CITY-ST-ZIP **COLLEGE PARK GA 30349**

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

TITLE **VD** ☐ Delete
NAME **WHITE, THOMAS K.**
STREET ADDRESS **2789 GROVE MORE LANE**
CITY-ST-ZIP **VIENNA VA**

TITLE ☒ Change ☐ Addition
NAME **White, Thomas K**
STREET ADDRESS **2382 Rugby Ave**
CITY-ST-ZIP **College Park, GA 30337**

TITLE **D** ☒ Delete
NAME **WHITE, MARY ANN**
STREET ADDRESS **2565 JOLLY RD SUITE 250**
CITY-ST-ZIP **COLLEGE PARK GA 30349**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pat Trippe

Date

5-4-05

Daytime Phone #