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

Jan 30, 2006 08:00 AM **DOCUMENT # 767358 Secretary of State** 1. Entity Name CEDAR CENTER OFFICE CONDOMINIUM ASSOCIATION.INC. Principal Place of Business Mailing Address 7405-B TEMPLE TERRACE HIGHWAY TAMPA FL 33637 7405-B TEMPLE TERRACE HIGHWAY **TAMPA FL 33637** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (10/05) 1st MOORE City & State Applied For City & State 4. FEl Number 59-2433897 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMALLEY, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 7405-B TÉMPLE TERRACE HIGHWAY TAMPA FL 33637 Zip Code City 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 types or printed name of registered agent and tifle if applicable DATE INDIE Registered Agent regnature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. חם Change D Addition Delete THE TITLE U000000406834 SMALLEY, WILLIAM L NAME NAME 02/07/06-80106-008 61.25 STREET ADDRESS 7405-B TEMPLE TERRACE HIGHWAY STREET ADDRESS TAMPA FL 33637 CITY-ST-ZIP CHY-ST-ZIP תד ☐ Change ☐ Addin TITLE ☐ Delete TITLE GEER, ALAN K NAME 7401 D TEMPLE TERRACE HWY STRUCT ADDRESS STREET ADDRESS **TAMPA FL 33637** CITY-ST-ZIP CITY-ST-70 SD TOTLE Change ☐ A.z., TITLE - □ Delete NAME TURBEVILLE, JEFF MAME STREET ADDRESS STREET ADDRESS 7405-A TEMPLE TERRACE HIGHWAY CITY - 57 - 71P CITY-ST-ZIP **TAMPA FL 33637** M Arm ☐ Change SITLE ☐ Oelete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Ar.... ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZE TITLE ☐ Change ☐ Adi* ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-702

12. Thereby certify that the information supplied with this filling 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 direction 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 1

WILLIAM L. SMALLEY I

if changed, or on an attachment with an address, with all other like empowered

FILED

813-989-2626

Jan. 26, 2006