


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAR -2 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769680 (0)
1. Corporation Name
CEDAR RUN OF MELBOURNE HOMEOWNERS ASSOCIATION, I
NC.

Principal Place of Business Mailing Address
P.O. BOX 361052 P.O. BOX 361052
MELBOURNE FL 32936 MELBOURNE FL 32936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1983 3a. Date of Last Report 03/02/1994

4. FEI Number 59-2516749 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PATTERSON, JOAN
3731 HARDWOOD CT
CEDAR RUN
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	PATTERSON, JOAN
STREET ADDRESS	3731 HARDWOOD CT
CITY-ST-ZIP	MELBOURNE FL
TITLE	T
NAME	PRUSS, FLORENCE
STREET ADDRESS	3694 HARDWOOD CT
CITY-ST-ZIP	MELBOURNE FL
TITLE	DP
NAME	LACROIX, MELVIN
STREET ADDRESS	3725 BRENTWOOD CT
CITY-ST-ZIP	MELBOURNE FL
TITLE	VD
NAME	RUNFOLA, JANICE
STREET ADDRESS	3672 TREELINE BLVD.
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Delete
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Director President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert E. Becker
3.3 STREET ADDRESS	3687 Tree Line Blvd
3.4 CITY-ST-ZIP	Melbourne, FL 32935
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James Velez
5.3 STREET ADDRESS	3690 Tree Line Blvd.
5.4 CITY-ST-ZIP	Melbourne, FL 32935
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E. Becker 2/23/95 242-0440
DATE: _____ TIME: _____