

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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, INC.**



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

3. Date Incorporated or Qualified **08/03/1983** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 4. FEI Number **59-2516749** Applied For Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip 24 Country 25 Country 28 Zip 29 Country 30 Country 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PATTERSON, JOAN  
3731 HARDWOOD CT  
CEDAR RUN  
MELBOURNE FL 32935**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS** **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PATTERSON, JOAN</b>	1.2 NAME	<b>Eugenia Debreceeny</b>
STREET ADDRESS	<b>3731 HARDWOOD CT</b>	1.3 STREET ADDRESS	<b>3687 DRIFTWOOD DRIVE</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VELEZ, JAMES</b>	2.2 NAME	<b>Barbara LaCroix</b>
STREET ADDRESS	<b>3690 TREE LINE BLVD</b>	2.3 STREET ADDRESS	<b>3725 Brentwood Drive</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	2.4 CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
TITLE	<b>DP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, ROBERT E</b>	3.2 NAME	
STREET ADDRESS	<b>3687 TREE LINE BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUNFOLA, JANICE</b>	4.2 NAME	
STREET ADDRESS	<b>3672 TREELINE BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janice M Runfola / Trea Date: 3/2/96 Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)