
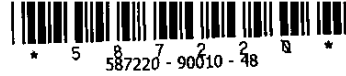


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90010 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 769680 ✓		
1. Corporation Name CEDAR RUN OF MELBOURNE HOMEOWNERS ASSOCIATION, I NC.		
Principal Place of Business - P.O. BOX 361052 MELBOURNE FL 32936	Mailing Address P.O. BOX 361052 MELBOURNE FL 32936	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 08/03/1983	4. FEI Number 59-2516749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

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 DODDY, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 3698 DOGWOOD CT 83 CEDAR RUN 84 City MELBOURNE FL 85 Zip Code 32935
---	---

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 *John F. Duddy* DATE **7/6/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD <input type="checkbox"/> DELETE	NAME DEBRECENY, EUGENIA	1.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PIERCE COLLEEN
STREET ADDRESS 3687 DRIFTWOOD DRIVE	CITY-ST-ZIP MELBOURNE FL	1.2 NAME	1.3 STREET ADDRESS 3719 HARDWOOD CT.
TITLE VP <input type="checkbox"/> DELETE	NAME FUNKHOUSER, MABEL	1.4 CITY-ST-ZIP MELBOURNE, FL 32935	2.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3669 MEADOWWOOD CT	CITY-ST-ZIP MELBOURNE FL	2.2 NAME LACROIX, BARBARA	2.3 STREET ADDRESS 3725 BRENTWOOD CT.
TITLE DP <input type="checkbox"/> DELETE	NAME THOMPSON, HOWARD	2.4 CITY-ST-ZIP MELBOURNE, FL 32935	3.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3680 DOGWOOD CT	CITY-ST-ZIP MELBOURNE FL 32935	3.2 NAME DODDY, JOHN	3.3 STREET ADDRESS 3698 DOGWOOD CT
TITLE T <input type="checkbox"/> DELETE	NAME MARBRY, CHERYL	3.4 CITY-ST-ZIP MELBOURNE, FL 32935	4.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3688 BRENTWOOD CT	CITY-ST-ZIP MELBOURNE FL 32935	4.2 NAME PIERCE, COLLEEN	4.3 STREET ADDRESS 3719 HARDWOOD CT.
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP MELBOURNE, FL 32935	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	6.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Colleen A. Pierce* DATE: **7/6/99** (407) 259-4743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR