

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90247 007 \*\*\*\*61.25

910440



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 769680**

1. Entity Name  
**CEDAR RUN OF MELBOURNE HOMEOWNERS ASSOCIATION, I**

Principal Place of Business P.O. BOX 361052 MELBOURNE FL 32936	Mailing Address P.O. BOX 361052 MELBOURNE FL 32936
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-2516749</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DODDY, JOHN**  
**3698 DOGWOOD CT**  
**CEDAR RUN**  
**MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME SD LUCHESE, MARILYN STREET ADDRESS 3727 DRIFTWOOD DRIVE CITY-ST-ZIP MELBOURNE FL 32935	<input type="checkbox"/> Delete
TITLE NAME VP <del>LACROIX, BARBARA</del> STREET ADDRESS 3725 BRENTWOOD CT CITY-ST-ZIP MELBOURNE FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME DP DODDY, JOHN STREET ADDRESS 3698 DOGWOOD CT CITY-ST-ZIP MELBOURNE FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME I RUNFOLA, JANICE M STREET ADDRESS 3672 TREE LINE BLVD CITY-ST-ZIP MELBOURNE FL 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME VP John Dubell STREET ADDRESS 3689 Woodward Court CITY-ST-ZIP Melbourne, Florida 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME DP Todd Broad STREET ADDRESS 3715 Driftwood Drive CITY-ST-ZIP Melbourne, Florida 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Janice M Runfola* DATE: *1/21/01* 321-255-0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)