

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 769680
 1. Entity Name
 CEDAR RUN OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.



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

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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number: NOT APPLICABLE
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 POLLOCK, JAMES
 3724 TEAKWOOD COURT
 MELBOURNE, FL 32935

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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: *James J Pollock*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLLOCK, JAMES
STREET ADDRESS	3724 TEAKWOOD COURT
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	ST
NAME	ROUNSAVILLE, CHARLET
STREET ADDRESS	3720 DOGWOOD COURT
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VPT
NAME	POND, DOROTHY
STREET ADDRESS	3671 BRENTWOOD COURT
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000194541
 01/25/05-80104-022 61.25
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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 titles empowered.
 SIGNATURE: *James J Pollock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #