


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 769680 1. Entity Name CEDAR RUN OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 361052 MELBOURNE, FL 32936	Mailing Address P.O. BOX 361052 MELBOURNE, FL 32936
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLOCK, JAMES
3724 TEAKWOOD COURT
MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

1100000419044
02/14/06-80031-009 61.25

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Charlet K Rounsaville* 1/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #