

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

NON-PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J25121 (1)

1. Corporation Name
CEDARS RECREATIONAL PROPERTIES, INC.



Principal Place of Business 3603 CLARK RD. SARASOTA FL 34233 US	Mailing Address P. O. BOX 19465 SARASOTA FL 34276 US
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3. Date Incorporated or Qualified 07/22/1986	3a. Date of Last Report 04/26/1995
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2. Principal Place of Business 21 5100 87th St. E. Suite, Apt. #, etc.	2a. Mailing Address 26 5100 87th St. E. Suite, Apt. #, etc.
22 City & State Bradenton, Fl.	27 City & State Bradenton, Fl.
24 Zip 34202	25 Country USA
29 Zip 34202	30 Country USA

4. FEI Number 59-2695613	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOGAN, PATRICK, 3603 CLARK RD. SARASOTA FL 34233				10. Name and Address of New Registered Agent			
81 Name				81 Name			
82 Street Address (P.O. Box Number is Not Acceptable) 5100 87th St. E.				82 Street Address (P.O. Box Number is Not Acceptable) 5100 87th St. E.			
83 City Bradenton, Fl. 34202				83 City Bradenton, Fl. 34202			
84 City FL				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required if when re-appointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD HUNT, ROBERT A.	1.2 NAME	
STREET ADDRESS	3603 CLARK ROAD	1.3 STREET ADDRESS	5100 87th St. E.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Bradenton, Fl. 34202
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VST HOGAN, PATRICK M.	2.2 NAME	
STREET ADDRESS	3603 CLARK ROAD	2.3 STREET ADDRESS	5100 87th St. E.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Bradenton, Fl. 34202
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 does 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick Hogan Date: 4-5-96 (941) 758-2424

CR2E034 (12/95)