

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000394

1. Entity Name
CEDAR HAVEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
27207 POND DR.
HILLIARD, FL 32046 US

Mailing Address
P. O. BOX 1012
HILLIARD, FL 32046 US

DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3704217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBERT L. PETERS, P.A.
311 CENTRE ST., SUITE 204
FERNANDINA BCH, FL 32034

**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

Ursula Jones PD

(NOTE: Registered Agent signature required when reinstating)

1-19-05

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	JONES, URSULA
STREET ADDRESS	27207 POND DR
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	TD
NAME	HADDEN, BARBARA
STREET ADDRESS	2799 LAKE DRIVE
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	VPD
NAME	BARKER, JANINE
STREET ADDRESS	27112 LAKE DRIVE
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000191240
01/24/05-80167-002 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 or other like empowered.

SIGNATURE:

Ursula Jones URSULA JONES 1-19-05 945-2231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #