

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000394

FILED
Apr 19, 2006
Secretary of State

Entity Name: CEDAR HAVEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

27207 POND DR.
HILLIARD, FL 32046 US

New Principal Place of Business:

27043 COUNTRY DR
HILLIARD, FL 32046 US

Current Mailing Address:

P. O. BOX 1012
HILLIARD, FL 32046 US

New Mailing Address:

27043 COUNTRY DR
HILLIARD, FL 32046 US

FEI Number: 59-3704217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, URSULA
Address: 27207 POND DR
City-St-Zip: HILLIARD, FL 32046

Title: TD () Delete
Name: HADDEN, BARBARA
Address: 2799 LAKE DRIVE
City-St-Zip: HILLIARD, FL 32046

Title: VPD () Delete
Name: BARKER, JANINE
Address: 27112 LAKE DRIVE
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, DORIS
Address: 27043 COUNTRY DR
City-St-Zip: HILLIARD, FL 32046

Title: VDP (X) Change () Addition
Name: SANDERS, VERA
Address: 27019 POND DR
City-St-Zip: HILLIARD, FL 32046

Title: TREA (X) Change () Addition
Name: PRATHER, WENDY
Address: 27061 COUNTRY DR
City-St-Zip: HILLIARD, FL 32046

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY PRATHER

TREA

04/19/2006

Electronic Signature of Signing Officer or Director

Date