


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002482</b>		
1. Entity Name CEDAR OAK LODGE, INC.		
Principal Place of Business 3040 DAIRY RD. MELBOURNE, FL 32904	Mailing Address 3040 DAIRY RD. MELBOURNE, FL 32904	



02092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-3711852</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  HOLLOPETER, WILLIAM F 3040 DAIRY RD. MELBOURNE, FL 32904
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**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: William F. Hollopeter (President) DATE: 4/29/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

000000152435  
05/04/04-80085-020 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOPETER, WILLIAM F 3040 DAIRY RD. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOPETER, JUDY M 3040 DAIRY RD. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, EDITH A 588 RENAISSANCE AVE. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADDEN, LAURA A 424 FOURTH AVE. INDIANLANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFFOELE, PEG 141 SIGNATURE DRIVE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, EDDIE 962 BRUCES LANE ROCKLEDGE, FL 32955

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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 all other like empowered.

SIGNATURE: William F. Hollopeter DATE: 4/29/2004 DAYTIME PHONE: 321-729-9939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR