

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90180 027 ****61.25

DOCUMENT # N03000010154

1. Entity Name

CEDARWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

STERLING MANAGEMENT SERVICES
2870 SCHERER DR STE 100
SAINT PETERSBURG FL 33716

STERLING MANAGEMENT SERVICES
2870 SCHERER DR STE 100
SAINT PETERSBURG FL 33716



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

20-1774220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYLER, JONNIE R
11500 OLD TAMPA BAY DR.
SAN ANTONIO FL 33576

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: P ☒ Delete
NAME: GREEN, DARREL
STREET ADDRESS: 20020 NOB OAK AVE
CITY- ST- ZIP: TAMPA FL 33647

TITLE: VP ☐ Delete
NAME: CAPRANO, MICHAEL
STREET ADDRESS: 20026 NOB OAK AVE
CITY- ST- ZIP: TAMPA FL 33647

TITLE: D ☐ Delete
NAME: PRYOR, RYAN
STREET ADDRESS: 9212 OAK PRIDE CT
CITY- ST- ZIP: TAMPA FL 33647

TITLE: D ☐ Delete
NAME: MAYER, GEORGE
STREET ADDRESS: 20134 NOB OAK AVE
CITY- ST- ZIP: TAMPA FL 33647

TITLE: D ☐ Delete
NAME: MAARTENS, NEIL
STREET ADDRESS: 20031 NOB OAK AVE
CITY- ST- ZIP: TAMPA FL 33647

TITLE: D ☐ Delete
NAME: LOPEZ, CARLOS
STREET ADDRESS: 20028 NOB OAK AVE
CITY- ST- ZIP: TAMPA FL 33647

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: S ☐ Change ☒ Addition
NAME: Sherry Dudley William
STREET ADDRESS: 20129 Nob Oak Ave.
CITY- ST- ZIP: Tampa, FL 33647

TITLE: D ☐ Change ☒ Addition
NAME: Israel Grajales
STREET ADDRESS: 20039 Nob Oak Ave
CITY- ST- ZIP: Tampa, FL 33647

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] 23 April 07 727 229 9550