2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N03076

Entity Name: CEDAR POINTE VILLAGE 1-5 ASSOCIATION, INC.

Current Principal Place of Business:

2929 S.E. OCEAN BLVD. CH.#I
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

2929 S.E. OCEAN BLVD. CH.#I
STUART, FL 34996

New Mailing Address:

FEI Number: 59-1412403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, DEBORAH L
759 S FEDERAL HWY.
STE. 212
STUART, FL 34994 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:	DVP	( ) Delete
Name:	LENTZ, HARRY	
Address:	2929 SE OCEAN BLVD., J-4	
City-St-Zip:	STUART, FL 34996	
Title:	TD	( ) Delete
Name:	EBERHART, DONALD	
Address:	2929 SOUTHEAST OCEAN BOULEVARD J-10	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	DONAPHON, JACK	
Address:	2929 SE OCEAN BLVD J-3	
City-St-Zip:	STUART, FL 34996	
Title:	SD	( ) Delete
Name:	POTTER, JENETT	
Address:	2929 SE OCEAN BLVD. I-4	
City-St-Zip:	STUART, FL 34996	
Title:	PD	( ) Delete
Name:	POTTER,JR, WILLIAM A	
Address:	2929 SE OCEAN BLVD. I-4	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	VICTOR, JOSEPH	
Address:	2929 SOUTHEAST OCEAN BLVD. A-7	
City-St-Zip:	STUART, FL 34996	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	WHALEN, DONALD	
Address:	2929 SE OCEAN BLVD. G-7	
City-St-Zip:	STUART, FL 34996	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: ADELE F DICE ADMI 03/25/2009

Electronic Signature of Signing Officer or Director — Date