

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90005 015 ****70.00

DOCUMENT # N05000006071 1. Entity Name CEDAR'S CROSSING OWNERS ASSOCIATION, INC.			
Principal Place of Business 2708 HWY 77 PANAMA CITY, FL 32405		Mailing Address 2708 HWY 77 PANAMA CITY, FL 32405	
2. Principal Place of Business - No P.O. Box # 2927 Patricia Ann Ln		3. Mailing Address P.O. BOX 36316	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Panama City, FL		City & State Panama City, FL	
Zip 32405		Zip 32412-6316	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JACK G 502 HARMON AVE PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name Aaron Traylor Street Address (P.O. Box Number is Not Acceptable) 2927 Patricia Ann Ln City Panama City FL Zip Code 32405	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10'	
TITLE D NAME COMMANDER, CHARLES W SR STREET ADDRESS 2708 HWY 77 CITY-ST-ZIP PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE P NAME Aaron Traylor STREET ADDRESS 2927 Patricia Ann Lane CITY-ST-ZIP Panama City FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME COMMANDER, CHARLES W JR STREET ADDRESS 2708 HWY 77 CITY-ST-ZIP PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE T NAME Dana Hebner STREET ADDRESS 2913 Patricia Ann Ln CITY-ST-ZIP Panama City FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SMITH, SHANI STREET ADDRESS 2708 HWY 77 CITY-ST-ZIP PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE S NAME Robert Hogberg STREET ADDRESS 1810 Euclid Ave CITY-ST-ZIP Panama City FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>A. Traylor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8/11/08</u> (850) 914-8132 <small>Date Daytime Phone #</small>	