

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 34314

Suite, Apt. #, etc.

City & State
Panama City, FL

Zip 32405 Country USA

City & State
Panama City, FL

Zip 32412-6316 Country USA

6. Name and Address of Current Registered Agent

WILLIAMS, JACK G
502 HARMON AVE
PANAMA CITY, FL 32401

Name Aaron Taylor

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMMANDER, CHARLES WSR 2708 HWY 77 PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Aaron Taylor 2927 Patricia Ann Lane Panama City FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMMANDER, CHARLES WJR 2708 HWY 77 PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dana Hebner 2913 Patricia Ann LN Panama City FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SHANI 2708 HWY 77 PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Robert Hagberg 1870 Euclid Ave 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: *Aaron Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/08 (850) 814-8132

Date

Daytime Phone #

7/22/2008 90005 015 ****70.00

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