


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90004 013 ****61.25

DOCUMENT # N05000009039

1. Entity Name
CEDAR BRANCH OWNERS ASSOCIATION, INC.



Principal Place of Business
**3746 BAY TREE ROAD
 LYNN HAVEN, FL 32444**

Mailing Address
**3746 BAY TREE ROAD
 LYNN HAVEN, FL 32444**


2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
20-3452221

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

03162006 Chg-NP CR2E037 (11/05)



6. Name and Address of Current Registered Agent

**WILLIAMS, JACK G
 502 HARMON AVENUE
 PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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	D <input type="checkbox"/> Delete
NAME	MORGAN, CRISTENA L
STREET ADDRESS	3746 BAY TREE ROAD
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D <input type="checkbox"/> Delete
NAME	MORGAN, JOHN B
STREET ADDRESS	3746 BAY TREE ROAD
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D <input type="checkbox"/> Delete
NAME	HAYNES, SUSAN I
STREET ADDRESS	3746 BAY TREE ROAD
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Cristena L. Morgan D **3/22/06** **850 769 4926**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #