


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90024 008 ****61.25

DOCUMENT # N05000009039

1. Entity Name
CEDAR BRANCH OWNERS ASSOCIATION, INC.



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

60010761



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01222007 Chg-NP CR2E037 (12/06)

City & State City & State

4. FEI Number Applied For
20-3452221 Not Applicable

Zip Country Zip Country

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

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, 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	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	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5814 Merritt Brown Rd
STREET ADDRESS	PANAMA CITY FL 32404
CITY-ST-ZIP	PANAMA CITY FL 32404
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5814 Merritt Brown Rd
STREET ADDRESS	PANAMA CITY FL 32404
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Cristena L Morgan Dir.* **1-22-07 8507644926**

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