

2007

**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # N05000012514



1. Entity Name  
CEDAR POINT CONDOMINIUM ASSOCIATION OF HOLLY HILL, INC.

Principal Place of Business  
115 E GRANADA BLVD  
STE 12  
ORMOND BEACH, FL 32176

Mailing Address  
115 E GRANADA BLVD  
STE 12  
ORMOND BEACH, FL 32176

2. Principal Place of Business  
*Cedar 940 15th St*

3. Mailing Address  
*940 15th St*

Suite, Apt. #, etc.  
*#101*

Suite, Apt. #, etc.  
*#101*

City & State  
*Holly Hill, FL*

City & State  
*Holly Hill FL*

Zip  
*32135*

Country  
*Volusia*

Zip  
*32135*

Country  
*Volusia*



10232006 Chg-NP CR2E037 (4/06)

4. FEI Number  
76-0820221

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HILLMAN, ROBERT L  
115 E GRANADA BLVD  
STE 12  
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name *Jack Idell*  
Street Address (P.O. Box Number is Not Acceptable)  
*940 15th St #101*  
City *Holly Hill* FL Zip Code *32125*

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

*Jack Idell*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

*2-27-07  
12-15-06*

~~Amended AR is \$04.25~~

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 PD  
NAME WILSON, TYREE F JR  Delete  
STREET ADDRESS P O BOX 1364  
CITY-ST-ZIP ORMOND BEACH, FL 32175

TITLE VP  
NAME WILSON, TYREE F JR  Delete  
STREET ADDRESS P O BOX 1364  
CITY-ST-ZIP ORMOND BEACH, FL 32175

TITLE STD  
NAME HILLMAN, ROBERT L  Delete  
STREET ADDRESS P O BOX 1364  
CITY-ST-ZIP ORMOND BEACH, FL 32175

TITLE D  
NAME STRASSER, CHARLES  Delete  
STREET ADDRESS 1042 N US HWY 1  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President  Change  Addition  
NAME Jack Idell  
STREET ADDRESS 940 15th St  
CITY-ST-ZIP Holly Hill, FL 32125

TITLE V. President  Change  Addition  
NAME William Kohlman  
STREET ADDRESS 243 Daytona Ave.  
CITY-ST-ZIP Daytona Holly Hill, FL 32117

TITLE Secretary  Change  Addition  
NAME Botsey Lindley  
STREET ADDRESS 789 Falc on Dr  
CITY-ST-ZIP Port Orange, FL 32127

TITLE Treasurer  Change  Addition  
NAME Dian Thomas  
STREET ADDRESS 23 Manderley Lane  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE Board member  Change  Addition  
NAME Jeff Payer  
STREET ADDRESS P O BOX 7300 36  
CITY-ST-ZIP Ormond Beach FL 32172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition  
400092060344  
03/12/07--01002--006 \*\*70.00

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:

*Dian E Thomas Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*DIANE THOMAS*

*2-27-07  
12-15-06 386-673-7951*

Date

Daytime Phone #

CR# 1053

CR 1072-2/27/07

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