

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90138 029 ****61.25

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1. Entity Name

CEDAR HOLLOW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

251 WINDWARD PASS
STE. F
CLEARWATER BEACH FL 33767
US

Mailing Address

251 WINDWARD PASS
STE. F
CLEARWATER BEACH FL 33767
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1226842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLS, SHERON
251 WINDWARD PASS
STE. F
CLEARWATER BEACH FL 33767

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

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

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE VPD ☐ Delete
NAME PILOTO, GEORGE
STREET ADDRESS 11232 CEDAR HOLLOW LN.
CITY-ST-ZIP TAMPA FL 33618

TITLE DT ☐ Delete
NAME BUSCIGLIO, LUCILLE
STREET ADDRESS 11227 CEDAR HOLLOW LANE
CITY-ST-ZIP TAMPA FL 33618

TITLE DP ☐ Delete
NAME WOOTEN, LEAH
STREET ADDRESS 11209 CEDAR HOLLOW LN
CITY-ST-ZIP TAMPA FL 33618

TITLE SD ☐ Delete
NAME SLACK, CAROL
STREET ADDRESS 11242 CEDAR HOLLOW LN.
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *STP D*
STREET ADDRESS *Lucille Busciglio*
CITY-ST-ZIP *11227 Cedar Hollow Lane*
Tampa, FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *VPD*
STREET ADDRESS *Carol Slack*
CITY-ST-ZIP *11242 Cedar Hollow Lane*
Tampa, FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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: *Lucille Busciglio* Lucille Busciglio 4-8-08