2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09040

FILED Apr 28, 2006 Secretary of State

Entity Name: THE CEDAR ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 US **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US FEI Number: 59-2542043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434, STE. 5000 LONGWOOD, FL 327795044 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition STIRES, DAVID Name: Name: 6584 ENGRAM RD #503 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 US City-St-Zip: Title: PD Title: () Delete () Change () Addition DEPPOLITI, RICHARD J Name: Name: Address: 6584 ENGRAM RD #302 Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition HARTLEY, WILLIAM FOLGER, GAIL Name: Name: 6544 ENGRAM RD #401 6584 ENGRAM RD #201 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: TD () Delete Title: (X) Change () Addition Name: STECHER, BILL Name: STECHER, BILL Address: 6544 ENGRAM RD #201 Address: 6544 ENGRAM RD #201 City-St-Zip: NEW SMYRNA BCH, FL 32169 City-St-Zip: NEW SMYRNA BCH, FL 32169 Title: () Delete Title: (X) Change () Addition FARLEY, PAUL SCHOMER, LARRY Name: Name: 1502 HAVEN RD 6584 ENGRAM RD #406 Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DEPPOLITI PD 04/28/2006