

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90076 033 ****61.25

DOCUMENT # N11608

1. Entity Name
CEDAR PINES EAST HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business
1881 PROFESSIONAL PARK CIR., STE. 80
TALLAHASSEE, FL 32308

Mailing Address
1881 PROFESSIONAL PARK CIR., STE. 80
TALLAHASSEE, FL 32308

50025468



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132006

Chg-NP

CR2E037 (4/06)

4. FEI Number

26-3821034

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

PARKER, PAUL R
3201 W. HIGHWAY 98
PANAMA CITY, FL 32401

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 signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 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 DP ☐ Delete
NAME ARRECIS, JULIO
STREET ADDRESS 522 E. JEFFERSON ST.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE DVP ☐ Delete
NAME STILWELL, JEFF
STREET ADDRESS 1830 N. MONROE ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE DST ☐ Delete
NAME BUNNELL, D. W
STREET ADDRESS 1880 PROFESSIONAL PARK CIR., STE. 80
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME PARKER, PAUL R
STREET ADDRESS 3201 W. HWY. 98
CITY-ST-ZIP PANAMA CITY, FL 32401

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
STREET ADDRESS
CITY-ST-ZIP

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

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

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 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: D.W. Bunnell, Sec. D.W. Bunnell, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/06

Date

Daytime Phone #