

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

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**



04302007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000756191
05/23/07-80022-006 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DP
ARRECIS, JULIO
522 E. JEFFERSON ST.
TALLAHASSEE, FL 32301**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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, D/S/T* **D.W. Bunnell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

850-893-6507

Daytime Phone #