

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11608

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

1881 PROFESSIONAL PARK CIR., SUITE 80
TALLAHASSEE, FL 32308

Current Mailing Address:

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

New Mailing Address:

1881 PROFESSIONAL PARK CIR., SUITE 80
TALLAHASSEE, FL 32308

FEI Number: 26-3821034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CAPITAL CONSULTANTS, LLC
1881 PROFESSIONAL PARK CIR., SUITE 80
TALLAHASSEE, FL 32308 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: D. W. BUNNELL

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARRECIS, JULIO
Address: 522 E. JEFFERSON ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP () Delete
Name: STILWELL, JEFF
Address: 1830 N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: DST () Delete
Name: BUNNELL, D. W
Address: 1880 PROFESSIONAL PARK CIR., STE. 80
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete
Name: PARKER, PAUL R
Address: 3201 W. HWY. 98
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: D. W. BUNNELL

DST

04/30/2009

Electronic Signature of Signing Officer or Director

Date