


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90038 004 \*\*\*\*61.25

<b>DOCUMENT # N42492</b> 1. Entity Name <b>CEDARBEND HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 620985</b> <b>OVIEDO, FL 32762-0985 US</b>				Mailing Address <b>P.O. BOX 620985</b> <b>OVIEDO, FL 32762-0985 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3058281</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HARRISON, BONNIE</b> <b>784 JORDON CT</b> <b>OVIEDO, FL 32765</b>				7. Name and Address of New Registered Agent  Name <b>Roger Hadley</b> Street Address (P.O. Box Number is Not Acceptable) <b>640 Neile Ct.</b>  City <b>Oviedo</b> <b>FL</b> Zip Code <b>32765</b>	
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 <u><i>Roger Hadley</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				Roger Hadley, Treasurer / Director 01/21/06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BELICE, LESLIE</b> <b>717 JORDON CT</b> <b>OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MAHON, BARRY</b> <b>630 NEILE CT</b> <b>OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HARRISON, BONNIE</b> <b>784 JORDON CT</b> <b>OVIEDO, FL 32765</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WIEGERT, BILL</b> <b>781 JORDON CT</b> <b>OVIEDO, FL 32765</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, JULIE</b> <b>675 NE E. CT</b> <b>OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MAHON, BARRY</b> <b>630 NEILE CT</b> <b>OVIEDO, FL 32765</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HADLEY, ROGER</b> <b>640 NEILE CT</b> <b>OVIEDO, FL 32765</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIZER, KEN</b> <b>625 NEILE CT</b> <b>OVIEDO, FL 32765</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JACKSON, JULIE</b> <b>675 NEILE CT</b> <b>OVIEDO, FL 32765</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>Roger Hadley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Roger Hadley, Treasurer / Director 01/21/06 407 375-2155 <small>Date Daytime Phone #</small>	