

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42492

FILED
Jul 16, 2009
Secretary of State

Entity Name: CEDARBEND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

630 NEILE CT
OVIEDO, FL 32765 US

New Principal Place of Business:

784 JORDON CT
OVIEDO, FL 32765 US

Current Mailing Address:

P.O. BOX 620985
OVIEDO, FL 327620985 US

New Mailing Address:

PO BOX 620985
OVIEDO, FL 32765

FEI Number: 59-3058281 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOLIS, YASMIN L TD
774 JORDON CT
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

HADLEY, ROGER TD
640 NEILE CT
OVIEDO, FL 32765 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: ROGER HADLEY

07/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HADLEY, CATHLEEN
Address: 640 NEILE CT
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: SOLIS, YASMIN L
Address: 774 JORDON CT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: SIZER, KEN
Address: 625 NEILE CT
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: JACKSON, JULIE
Address: 675 NE E. CT
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: HADLEY, ROGER
Address: 640 NEILE CT
City-St-Zip: OVIEDO, FL 32765

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

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

Title: PD () Change (X) Addition
Name: BONNIE, HARRISON
Address: 784 JORDON CT.
City-St-Zip: OVIEDO, FL 32765

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: ROGER HADLEY

TD

07/16/2009

Electronic Signature of Signing Officer or Director

Date