

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 PM 12:12

DOCUMENT # N45660 (0)

1. Corporation Name

CEDAR HILLS ESTATE COMMUNITY ASSOCIATION, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**7056 QUEEN OF HEARTS CT
JACKSONVILLE FL 32210**

Mailing Address

**7056 QUEEN OF HEARTS CT
JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1991

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3059449

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RICHARDSON, GERALENE B.
7202 EUDINE DR., N.
JACKSONVILLE, FL 32210**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

COVELLET, HOUSTON

STREET ADDRESS

7056 QUEEN OF HEARTS CT.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

PD

NAME

WOODS, JACQUELYN

STREET ADDRESS

7056 QUEEN OF HEARTS CT

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

SMITH, EDDIE

STREET ADDRESS

2254 FIRESTONE RD

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

RICHARDSON, LARRY

STREET ADDRESS

7202 EUDINE DR

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

ALTMAN, ALMA C

STREET ADDRESS

6828 GOLDBLOCKS LN

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Jacquelyn Woods

JACQUELYN WOODS (PRESIDENT)

4-20-95 904-786-7882

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Name)

(Typed Name)