

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N45660 (0)

1. Corporation Name

CEDAR HILLS ESTATE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7056 QUEEN OF HEARTS CT  
JACKSONVILLE FL 32210

7056 QUEEN OF HEARTS CT  
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified

10/17/1991

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3059449

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
ALBERT SIMPSON  
STREET ADDRESS  
6775 JACK HORNER LANE  
CITY - ST - ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
PD  
WOODS, JACQUELYN  
STREET ADDRESS  
7056 QUEEN OF HEARTS CT  
CITY - ST - ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
D  
LARRY RICHARDSON, JR.  
STREET ADDRESS  
2123 W. 16TH ST  
CITY - ST - ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
D  
RICHARDSON, LARRY  
STREET ADDRESS  
7202 EUDINE DR  
CITY - ST - ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
D  
ALTMAN, ALMA C  
STREET ADDRESS  
6828 GOLDOCKS LN  
CITY - ST - ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

800001817558  
-05/13/96--01010--028  
\*\*\*70.00

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)