

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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 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	D	<input type="checkbox"/> DELETE
NAME	ALBERT SIMPSON	
STREET ADDRESS	8775 JACK HORNER LANE	
CITY-STATE-ZIP	JACKSONVILLE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOODS, JACQUELYN	
STREET ADDRESS	7056 QUEEN OF HEARTS CT	
CITY-STATE-ZIP	JACKSONVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LARRY RICHARDSON, JR.	
STREET ADDRESS	2123 W. 16TH ST	
CITY-STATE-ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, LARRY	
STREET ADDRESS	7202 EUDINE DR	
CITY-STATE-ZIP	JACKSONVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALTMAN, ALMA C	
STREET ADDRESS	6828 GOLDOCKS LN	
CITY-STATE-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TERRENCE GUILLOREY
3.3 STREET ADDRESS	7129 WILEY ROAD
3.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32210

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WANDA DAVIS
5.3 STREET ADDRESS	6822 BOGATA DR. South
5.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32210

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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

8/17/98

904-786-7882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)