2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2005 8:00 am Secretary of State

DOCUMENT # N93000003711 1. Entity Name CEDAR RIVER CLUB, INC.				Secretary of State 03-01-2005 90081 037 ****61.25			
Principal Place of Business . Mailing Address 911 S. EDGEWOOD AVENUE C/O IOHN R. SCHULTZ IACKSONVILLE, FL 32205-5340 POST OFFICE BOX 1200 IACKSONVILLE, FL 32201-126			I-1200				
66			42 Hyde Grove Ave.		. 	 	
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		02262005 C	hg-NP	CR2E037 (10/03)	
City & Stat		Vacksonville	icksonville FL		38	No	oplied For ot Applicable
Zip	Country	32210	Country	5. Certificate of S		S8.75 Add Fee Require	sitional d
•	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	iress of New R	egistered Agent	
2705 RIVE	R, ALLEN L RSIDE AVENUE			Name Street Address (P.O. Box Number is Not Acceptable)			
JACKSON	VILLE, FL 32205					<u> </u>	
			City	. FL Zip Code			
	named entity submits this statement for tions of registered agent.	r the purpose of changing its reg	jistered office or r	registered agent, or both, in	the State of Flo	orida. I am familiar with,	and accept
SIGNATURE						•	
	Signature, typed or printed name of registered agent	and title if applicable. (NDTE: Reg	iglatered Agent signature	e required when reinstating)		OATE	
	Filling Fee is \$61.25 Due by May 1, 2005	and title if applicable. (NOTE: Reg 9. Election Campal Trust Fund Cont	algn Finencing	\$5.00 May Be Added to Fees		ake check payable tida Department of Si	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election Campal Trust Fund Cont	algn Finencing	\$5.00 May Be Added to Fees	Flori	ake check payable to	tete
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campal Trust Fund Cont	algn Finencing tribution. [\$5.00 May Be Added to Fees	Flori	ake check payable tide Department of S	tete
TITLE NAME NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI D LANSING-FRYMAN, BETSY 8669 GREAT PINE LANE W.	9. Election Campal Trust Fund Cont RECTORS Delete	Ign Financing tribution. ITILE NAME SIRET ADDRESS CITY-ST-ZIP ITILE NAME SIRET ADDRESS STREET	\$5.00 May Be Added to Fees	Flori	take check payable to ide Department of Si RS AND DIRECTORS IN Change	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI D LANSING-FRYMAN, BETSY 8669 GREAT PINE LANE W. JACKSONVILLE, FL 32244 PD FRYMAN, ROBERT 911 S EDGEWOOD AVE SO	9. Election Campal Trust Fund Cont RECTORS Delete Delete	Ilgn Finencing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTINUE STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG PP Cindy Egger 5521 Alexis For Jackson ville, 1	Flori	take check payable to ide Department of Si RS AND DIRECTORS IN Change	tate I 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI D LANSING-FRYMAN, BETSY 8669 GREAT PINE LANE W. JACKSONVILLE, FL 32244 PD FRYMAN, ROBERT 911 S EDGEWOOD AVE SO JACKSONVILLE, FL 322055340 TD BIASIZZO, TINA 911 S EDGEWOOD AVE SO	9. Election Campal Trust Fund Cont RECTORS Delete Delete	Ign Financing tribution. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Flori ES TO OFFICE ES + Ln. EL 322	check payable to ide Department of St RS AND DIRECTORS IN Change Change	4 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI LANSING-FRYMAN, BETSY 8669 GREAT PINE LANE W. JACKSONVILLE, FL 32244 PD FRYMAN, ROBERT 911 S EDGEWOOD AVE SO JACKSONVILLE, FL 322055340 TD BIASIZZO, TINA 911 S EDGEWOOD AVE SO JACKSONVILLE, FL 322055340 VP EGGER, CINDY 911 S EDGEWOOD AVE SO	9. Election Campal Trust Fund Cont RECTORS Delete Delete	Ign Financing tribution. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG PP Cindy Egger 5521 Alexis For Jackson ville, 1	Flori ES TO OFFICE ES + Ln. EL 322	check payable to ide Department of St RS AND DIRECTORS IN Change Change	tabe 4 10 Addition Addition Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI LANSING-FRYMAN, BETSY 8669 GREAT PINE LANE W. JACKSONVILLE, FL 32244 PD FRYMAN, ROBERT 911 S EDGEWOOD AVE SO JACKSONVILLE, FL 322055340 TD BIASIZZO, TINA 911 S EDGEWOOD AVE SO JACKSONVILLE, FL 322055340 VP EGGER, CINDY 911 S EDGEWOOD AVE SO	9. Election Campal Trust Fund Cont RECTORS Delete Delete Delete	Ilgn Finencing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Flori ES TO OFFICE ES + Ln. EL 322	Change	Addition Addition Addition Addition

12. 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 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.

SIGNATURE: IMA FLANTING TYPED OF PRINTED NAME OF BRANKS OFFICES OF DIRECTION 2/26/05 (04) 385-5125