

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000003148 (3)

1. Corporation Name

BIG CEDAR POND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6745 CALIPH AVE.
COCOA FL 32927

6745 CALIPH AVE.
COCOA FL 32927

3. Date Incorporated or Qualified
06/24/1994

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, MITCHELL S
96 WILLARD ST.
COCOA FL 32922

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME CUMMINS, SCOTT
STREET ADDRESS 6745 CALIPH AVE.
CITY-ST-ZIP COCOA FL 32927

1.1 TITLE P/D Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE

NAME CUMMINS, CHARLOTTE
STREET ADDRESS 6745 CALIPH AVE.
CITY-ST-ZIP COCOA FL 32927

2.1 TITLE V/T/D Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE

NAME O'NEAL, TIM
STREET ADDRESS 6775 CALIPH AVE.
CITY-ST-ZIP COCOA FL 32927

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S/D Change Addition

4.2 NAME SUMERLIN, PATRICIA
4.3 STREET ADDRESS 6725 CALIPH AVE.
4.4 CITY-ST-ZIP COCOA, FL 32927

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D Change Addition

5.2 NAME SKROBOT, GARRETT
5.3 STREET ADDRESS 6785 CALIPH AVE.
5.4 CITY-ST-ZIP COCOA, FL 32927

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Scott Cummins SCOTT CUMMINS

4-25-96

407-631-1268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)