

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003148 (3)
1. Corporation Name
BIG CEDAR POND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 6745 CALIPH AVE. COCOA FL 32927	Mailing Address 6745 CALIPH AVE. COCOA FL 32927-8312
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3. Date Incorporated or Qualified 06/24/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3266590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOLDMAN, MITCHELL S
98 WILLARD ST.
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, SCOTT	1.2 NAME	
STREET ADDRESS	6745 CALIPH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, CHARLOTTE	2.2 NAME	
STREET ADDRESS	6745 CALIPH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEAL, TIM	3.2 NAME	CHARLES MISTER
STREET ADDRESS	6775 CALIPH AVE.	3.3 STREET ADDRESS	6775 CALIPH AVE.
CITY-ST-ZIP	COCOA FL 32927	3.4 CITY-ST-ZIP	COCOA FL 32927
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMERLIN, PATRICIA	4.2 NAME	
STREET ADDRESS	6725 CALIPH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKROBOT, GARRETT	5.2 NAME	
STREET ADDRESS	6785 CALIPH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)