

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

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

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
---	---

3. Date Incorporated or Qualified 06/24/1994	
4. FE# 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	CUMMINS, SCOTT	
STREET ADDRESS	6745 CALIPH AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CUMMINS, CHARLOTTE	
STREET ADDRESS	6745 CALIPH AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MISTER, CHARLES	
STREET ADDRESS	8775 CALIPH AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUMERLIN, PATRICIA	
STREET ADDRESS	6725 CALIPH AVENUE	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKROBOT, GARRETT	
STREET ADDRESS	8785 CALIPH AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D NELSON, LINDA
4.3 STREET ADDRESS	6725 CALIPH AVENUE
4.4 CITY-ST-ZIP	COCOA, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VD FREDERICK THEOBALD
6.3 STREET ADDRESS	4540 DELESPINE ROAD
6.4 CITY-ST-ZIP	COCOA, FL

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: *Scott Cummins* **SCOTT CUMMINS** 3/28/98 407-631-1268

CP2E037 (1097)

13. (continued)	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
7.2 NAME	TARNTINO, RALPH	
7.3 STREET ADDRESS	4550 DELESPINE ROAD	
7.4 CITY-ST	COCOA, FL	