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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000003148

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



21. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1994	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number 59-3266590	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDMAN, MITCHELL S 98 WILLARD ST. COCOA FL 32922				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD CUMMINS, SCOTT	1.1 TITLE	D TARANTINO, RALPH
NAME	CUMMINS, SCOTT	1.2 NAME	TARANTINO, RALPH
STREET ADDRESS	6745 CALIPH AVE.	1.3 STREET ADDRESS	4550 DELESPINE ROAD
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	COCOA, FL
TITLE	VTD CUMMINS, CHARLOTTE	2.1 TITLE	D MIKE BAKER
NAME	CUMMINS, CHARLOTTE	2.2 NAME	MIKE BAKER
STREET ADDRESS	6745 CALIPH AVE.	2.3 STREET ADDRESS	6755 CALIPH AVE
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	COCOA, FL
TITLE	D MISTER, CHARLES	3.1 TITLE	
NAME	MISTER, CHARLES	3.2 NAME	
STREET ADDRESS	6775 CALIPH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	D NELSON, LINDA	4.1 TITLE	
NAME	NELSON, LINDA	4.2 NAME	
STREET ADDRESS	6725 CALIPH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	D SKROBOT, GARRETT	5.1 TITLE	
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	VD THEOBALD, FREDERICK	6.1 TITLE	
NAME	THEOBALD, FREDERICK	6.2 NAME	
STREET ADDRESS	4540 DELESPINE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: Scott Cummins **SCOTT CUMMINS** 3/22/99 (407) 631-1268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)