

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90059 013 ****61.25

DOCUMENT # N94000003148

1. Entity Name

BIG CEDAR POND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6745 CALIPH AVE.
 COCOA FL 32927

6745 CALIPH AVE.
 COCOA FL 32927-8312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3266590

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDMAN, MITCHELL S
96 WILLARD ST.
COCOA FL 32922

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: D
 NAME: RALPH TARNTINO
 STREET ADDRESS: 4550 DELESPINE RD.
 CITY-ST-ZIP: COCOA, FL 32927

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

TITLE: D
 NAME: MIKE BAKER
 STREET ADDRESS: 6755 CALIPH AVE.
 CITY-ST-ZIP: COCOA, FL 32927

TITLE: D
 NAME: MISTER, CHARLES
 STREET ADDRESS: 6775 CALIPH AVE.
 CITY-ST-ZIP: COCOA FL

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: D
 NAME: NELSON, LINDA
 STREET ADDRESS: 6725 CALIPH AVENUE
 CITY-ST-ZIP: COCOA FL

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: D
 NAME: SKROBOT, GARRETT
 STREET ADDRESS: 6785 CALIPH AVE.
 CITY-ST-ZIP: COCOA FL

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: VD
 NAME: THEOBALD, FREDERICK
 STREET ADDRESS: 4540 DELESPINE RD
 CITY-ST-ZIP: COCOA FL

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

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: *Scott Cummins* **SCOTT CUMMINS**

4/22/2000 (321) 631-1268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)