


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90379 047 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N94000003148</b>  |  |
| 1. Entity Name<br><b>BIG CEDAR POND HOMEOWNERS' ASSOCIATION, INC.</b> |   |

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|--|--|
| Principal Place of Business<br>6745 CALIPH AVE.<br>COCOA, FL 32927 | Mailing Address<br>6745 CALIPH AVE.<br>COCOA, FL 32927 |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|   |  |
|---|--|
| 04102006 Chg-NP CR2E037 (11/05)                           |  |
| 4. FEI Number<br>59-3266590                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent               | 7. Name and Address of New Registered Agent                                       |
| SOILEAU, JOHN L<br>3490 NORTH US HIGHWAY 1<br>COCOA, FL 32926 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|

|  |   |   |   |
|--|---|---|---|
| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>CUMMINS, SCOTT<br>6745 CALIPH AVE.<br>COCOA, FL <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>CUMMINS, SCOTT<br>6745 CALIPH AVE.<br>COCOA, FL 32927 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CUMMINS, CHARLOTTE<br>6745 CALIPH AVE.<br>COCOA, FL 32927 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>SKROBOT, GARRET<br>6785 CALIPH AVE.<br>COCOA, FL 32927 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MISTER, CHARLES<br>6775 CALIPH AVE.<br>COCOA, FL <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>OLGETREE, PAUL<br>6755 CALIPH AVE.<br>COCOA, FL 32927 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NELSON, LINDA<br>6725 CALIPH AVENUE<br>COCOA, FL <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>FLOWERS, NANCY S.<br>4540 DELESPINE RD.<br>COCOA, FL 32927 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SKROBOT, GARRETT<br>6785 CALIPH AVE.<br>COCOA, FL <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>TARINTINO, RALPH<br>4550 DELESPINE RD.<br>COCOA, FL 32927 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>OLGETREE, PAUL<br>6755 CALIPH AVE<br>COCOA, FL 32927 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 4/12/2006 (321) 631-1268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #