2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000003148



FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90379 047 ****61.25

1. Entity Nam BIG CED	AR PONI	D HOMEOWNER:	S' ASSO	CIATION, INC	э. (
6745 CALIPH AVE.			6745	Mailing Address 6745 CALIPH AVE. COCOA, FL 32927			£ (FENNES) GF9 (F	7. EURII JOIN BENII FOOI	. 11 Rt 18 M 1 A 11		# !11 f 1 f1 1
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			04102006	Chg-NP	CR2E037	(11/05)	
City & State			Cit	City & State			4. FEI Number 59-3266590				pplied For t Applicable
Zip	Country		Zip			ry	5. Certificate of		L ř.	8.75 Add ee Required	
6. Name and Address of Current Registered Agent				d Agent		Name	7. Name and Ad	dress of New Re	egistered A	gent	
SOILEAU, JOHN L 3490 NORTH US HIGHWAY 1 COCOA, FL 32926						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Code	9
	ions of regis	y submits this statement tered agent.				office or registe		in the State of Flor	rida. I am fa	miliar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2006											
	_			9. Election Can Trust Fund C	npaign Fina	ancing _	\$5.00 May Be Added to Fees		ake check da Departr		
10.	Due by N		DIRECTORS		npaign Fina	ancing	\$5.00 May Be	Flori	ake check da Departr RS AND DIRE	nent of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD	OFFICERS AND E S, SCOTT LIPH AVE.	DIRECTORS		npaign First Contribution 11. THILE NAME	ancing D SD Cun ADDRESS 674	\$5.00 May Be Added to Fees ADDITIONS/CHAN MMINS, SCO 5 CALLPH 1	FloringES TO OFFICES	ake check da Departr RS AND DIRE	nent of St	ate
TITLE NAME STREET ADDRESS	PSD CUMMINS 6745 CAL COCOA, TD CUMMINS 6745 CAL	OFFICERS AND E S, SCOTT LIPH AVE.	DIRECTORS	Trust Fund C	npaign Fina Contribution 11. THE NAME STREET CITY-ST THE NAME	ADDRESS G74 ADDRESS G74 VD SKR ADDRESS G78	\$5.00 May Be Added to Fees ADDITIONS/CHAN MMINS, SCO 5 CALIPH 1 OA, FL 329	Floringes to officer TT ANE. 127 RET AVE.	ake check da Departr RS AND DIRE	nent of St	10
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	PSD CUMMINS 6745 CAL COCOA, TD CUMMINS 6745 CAL COCOA, D	OFFICERS AND E S, SCOTT LIPH AVE. FL S, CHARLOTTE LIPH AVE. FL 32927 CHARLES LIPH AVE.	DIRECTORS	Trust Fund C	Inpelign Final Transfer Transfer Transfer City-Si Title NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME NAME	ADDRESS G78. ADDRESS G78. ADDRESS G78. ADDRESS G78. ADDRESS G78. ADDRESS G78.	\$5.00 May Be Added to Fees ADDITIONS/CHAN MMINS, SCO 5 CALIPH 1 OA, FL 329 LOBOT, GARI 5 CALIPH 1	Floringes TO OFFICEF TT AVE. 127 RET AVE. 927 AUE. AVE.	ake check da Departr RS AND DIRE	nent of St	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD CUMMINS 6745 CAL COCOA. TD CUMMINS 6745 CAL COCOA. D MISTER, 6775 CAL COCOA. D NELSON.	Ay 1, 2006 OFFICERS AND E S, SCOTT IPH AVE. FL S, CHARLOTTE IPH AVE. FL 32927 CHARLES IPH AVE. FL LIPH AVE. FL	DIRECTORS	Trust Fund C	Inpaign Fina Contribution 11. Title NAME STREET CITY-SI	ADDRESS G78 ADDRESS G78 T-ZIP COCC ADDRESS G75	\$5.00 May Be Added to Fees ADDITIONS/CHAN MMINS, SCO 5 CALIPH 1 0A, FL 329 COBOT, GARI 5 CALIPH 1 20A, FL 32 3ETREE, PI	Floringes to officer TT AVE. 127 RET AVE. 927 AVE. 1927 AVE. 1927	ake check da Departr RS AND DIRE	nent of St ECTORS IN Change Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CUMMINS 6745 CAL COCOA. TD MISTER, 6775 CAL COCOA, D NELSON, 6725 CAL COCOA, D SKROBO	Ay 1, 2006 OFFICERS AND C S, SCOTT IPH AVE. FL S, CHARLOTTE IPH AVE. FL 32927 CHARLES IPH AVE. FL LINDA IPH AVENUE FL IT, GARRETT IPH AVE.	DIRECTORS	Trust Fund C	Inpaign Fine Contribution 11. Title NAME STREET CITY-SI TITLE NAME STREET CITY-SI	ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHAN MMINS, SCO 5 CALIPH I OA, FL 329 COBOT, GARI 5 CALIPH I COA, FL 32 GETREE, PI 55 CALIPH 20A, FL 32 OWERS, NA HO DELESS	Floringes to Officer TT AVE. 127 QET AVE. 927 AUC. AVE. 2927 AVE. 2927 AVE. 2927 AVE. 2927	ake check da Departr RS AND DIRE	Change	10 Addition Addition

referby certify that the information supplied with this hilling does not quality for the exemptions contained in Chapter 115, Florida Statutes. In other 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 each; 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: .

Cato Cummino SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT CUMMINS