## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 28, 2007 8:00 am Secretary of State DOCUMENT # N94000003148 03-28-2007 90006 007 \*\*\*\*61.25 BIG CEDAR POND HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 40040712 6745 CALIPH AVE. 6745 CALIPH AVE. COCOA, FL 32927 COCOA, FL 32927 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3266590 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOILEAU, JOHN L 3490 NORTH US HIGHWAY 1 Street Address (P.O. Box Number is Not Acceptable) COCOA, FL 32926 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State-Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change **Addition CUMMINS, SCOTT** NELSON, LINDA NAME NAME STREET ADORESS 6745 CALIPH AVE. STREET ADDRESS 6725 CALIPH AVE, CITY-ST-ZIP COCOA, FL 32927 CITY-ST-ZIP COCOA, FL 32927 TITLE Delete TITLE ☐ Change Addition X TARINTINO, RALPH NAME CUMMINS, CHARLOTTE NAME STREET ADDRESS 6745 CALIPH AVE. 4550 DELEGPINE RD. STREET ADDRESS CITY-ST-ZIP COCOA, FL 32927 CITY-ST-ZIP COCOA, FL 32927 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MISTER, CHARLES NAME NAME STREET ADDRESS 6775 CALIPH AVE. STREET ADDRESS CITY-ST-ZIP COCOA, FL CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition FLOWERS, NANCY NAME NAME STREET ADDRESS 4540 DELESPINE RD STREET ADDRESS CITY-ST-ZIP COCOA, FL 32927 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SKROBOT, GARRETT NAME NAME -6785 CALIPH AVE. STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: \_

COCOA, FL 32927

OLGETREE, PAUL

6755 CALIPH AVE

**COCOA, FL 32927** 

PD

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAMÉ

CHAND CUMMING 5 COTT

☐ Delete

**FILED** 

☐ Change

☐ Addition