

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

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1. Corporation Name

CARDINAL WOODS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

439 ADDISON AVE NE
PALM BAY FL 32907
US

Mailing Address

439 ADDISON AVE. NE
PALM BAY FL 32907



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/07/1995

4. FEI Number

59-3292115

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, ROBERT L
439 ADDISON AVE. NE
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LOGUE, TINA
STREET ADDRESS 320 NEWELL RD., NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE TD
NAME WHITE, DIANE
STREET ADDRESS 1740 APACHE ST., NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE SD
NAME CASABIANCA, CATHERINE
STREET ADDRESS 266 HARVEY AVE., NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE VPD
NAME WILLIAMS, ROBERT L
STREET ADDRESS 439 ADDISON AVE., NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRESIDENT - D
1.2 NAME TINA M. LOGUE
1.3 STREET ADDRESS 320 NEWELL RD. NE
1.4 CITY-ST-ZIP PALM BAY, FL 32907

2.1 TITLE TREASURER - D
2.2 NAME VICKY CONNOLLY
2.3 STREET ADDRESS 2385 FALLON BLVD. NE
2.4 CITY-ST-ZIP PALM BAY, FL 32907

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE President - D
4.2 NAME Robert L. Williams
4.3 STREET ADDRESS 439 Addison Ave NE
4.4 CITY-ST-ZIP PALM Bay, FL 32907

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99 407-480-8382

Date

Daytime Phone #

CR2E037 (11/98)