

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90033 016 ****61.25

DOCUMENT # N95000002496

1. Entity Name
CEDAR LAKES RO ASSOCIATION, INC.



Principal Place of Business
**250 MAPLEWOOD BLVD
COCOA, FL 32926**

Mailing Address
**4004 EDGEWATER DRIVE
ORLANDO, FL 32804**

40058061



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3322570

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERA, MARY L
4004 EDGEWATER DRIVE
ORLANDO, FL 32804**

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. 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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
CLAYTON, SHEILA
4160 GATEWOOD ST.
COCOA, FL 32926** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
GIRTON, DOROTHY
4173 Balsa PLACE
COCOA, FL 32926** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
FAWCETT, BART
4143 Balsa PLAVE
COCOA, FL 32926** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
KUNASEK, JOHN W
3910 PEPPER PLACE
COCOA, FL 32926** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
Justice, Mary
4163 Balsa Place
COCOA FL 32926** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
GIRTON, FRANCES L JR
4173 Balsa PLACE
COCOA, FL 32926** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**d.
Emerzian, Tilman
3921 Pepper Place
COCOA FL 32926** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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: *Sheila Clayton* *Sheila Clayton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2007 *407 299-9009*
Date Daytime Phone #