SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 8/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600000671 (5)

CEDAR COVE OF LONGWOOD HOMEOWNERS ASSOCIATION, I

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 19 AM 9: 04



110										
Principal Plac	e of Business	Mailing Address					O HOODING ONE PERRO BUILL BOOK BOOK OF A	9/1/		
3000 TISH WAY LONGWOOD FL		3000 TISH WAY LONGWOOD FL 32779				DO NOT WRITE IN THIS SPACE				
							02/01/1996	a. Date of Las	l Report	
	lace of Businoss	2a, Mailing Address				4. FEI Number		Applied For		
	YOODSTEAD CIRCLE	26 415 WOODSTEAD CIRCLE Suite, Apt. #, etc.			E	59-3415637		Not Applicable		
Sulte, Apt. #, etc.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution	,	May Be		
Zip Country		Zip Country				***************************************				
24	25	29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current	Registered Agent		81			10. Name and Address of New Registe	ered Agent		
					Name				·	
JONES, THOMAS G 3000 TISH WAY 415 WOODSTEAD CIRCLE				82	Stroot	I Address (P.O. Box Number is Not Acceptable)				
						· ·				
LONGWO	OOD FL 32779	83								
	•			84	City		FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.0502, 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 (NDIE Registered Agent signature required when reinstating) DATE										
Signature, typed or printed name of registered agent and title if applicable (NOTE Reg 12. OFFICERS AND DIRECTORS					ogistored Agent signature required		when reinstalling) DA ADDITIONS/CHANGES TO OFFICERS	AND DIDECT	ODC IAL 10	
TITLE	PD DELETE			13. 1.1 111LE			ADDITIONS/CHANGES TO OFFICERS	Change		
NAME	JONES, THOMAS G		1,2 NA							
STREET ADORESS	3000 TISH WAY		1.3 ST	REET A	ADDRESS	415 WOODSTEAD CIRCLE				
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CIT		- ZIP					
TITLE	VD	☐ DELETE 2.1		I TITLE				Change	Addition	
N /ME	TOLER, LARRY W		2.2 NA	ME						
STREET ADDRESS	3000 TISH WAY		2.3 \$1	REET A	ADDRESS	415	5 WOODSTEAD CIRCLE	3		
CITY-ST-ZIP	LONGWOOD FL 32779	N DE CIE	2.4 CI		T-ZIP			——————————————————————————————————————	1 1 1 1 1 1 1 1 1 1	
TITLE NAME	STD Laflesh, Mary	DELETE	3.1 TIT				charte approximation country when a property (\$200) in the contract of the con	Changi		
STREET ADDRESS	3000 TISH WAY		3.2 NA	3 STREET ADDRESS			00000235; -11/20/97-	()::10:10:10(()	.nno =	
CITY-ST-ZIP	LONGWOOD FL 32779			3.4. CITY-ST-ZIP			************************************	(二) 香港等等等(二) (1) (1) (1) (1) (1)	61.25	
TITLE		DELETE	4.1 TITLE			ട്ന⊳		☐ Change		
NAME			4. 2 N/		,	,	ROLINE JONES			
STREET ADDRESS			4.3 ST	REET A	ADDRESS	AIR	WOODSTEAD CIRCLE		\mathcal{I}	
CITY-ST-ZIP			4.4 CIT	Y-ST	- ZIP	Land	bwood FL 32779_	X	2XI	
TITLE			5.1 10	LE				☐ Chringe	Addition	
NAME			5.2 NA						ツ	
STREET ADDRESS			5.3 \$1	REE1 /	ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CIT		- 7IP				[] [1 2 2 2 2 2 2 2 2 2 2	
TITLE		∟ DEL€1E	6.1 7(1					☐ Change	Addition	
NAME			6.2 NA							
STREET ADDRESS					ADDRESS				Ī	
CITY-ST-ZIP	w cartify that the information supplied	with this filing does not quali	6.4 CIT			totod is	Section 110.07/20//) Elevide Statutes 16	ethor portificathe	nt tion	

on preconditions 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 eath; 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.