

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90252 013 ****61.25

DOCUMENT # N96000000671

1. Entity Name
**CEDAR COVE OF LONGWOOD HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**415 WOODSTEAD CIRCLE
LONGWOOD, FL 32779**

Mailing Address
**415 WOODSTEAD CIRCLE
LONGWOOD, FL 32779**

54030838



2. Principal Place of Business

820 Palmway St

Suite, Apt. #, etc.

3. Mailing Address

820 Palmway St

Suite, Apt. #, etc.

03232004

Chg-NP

CR2E037 (10/03)

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3415637

Applied For

☐ Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WORLD OF HOMES
820 PALMWAY STREET
KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/23/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE PD
NAME OCTAVIANI, HECTOR ☐ Delete
STREET ADDRESS 1577 REBECCA PL.
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE VD
NAME CAMPBELL, VICTORIA ☒ Delete
STREET ADDRESS 1553 REBECCA PL.
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ~~STD~~ VD
NAME BROWN, ELLEN ☐ Delete
STREET ADDRESS 1590 REBECCA PL.
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE STD
NAME Frank Karczewski ☐ Delete
STREET ADDRESS 1562 Rebecca Place
CITY-ST-ZIP Longwood, FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 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:

Hector Octaviani / Hector Octaviani

4-6-04

(407) 805-9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED APR 08 2004