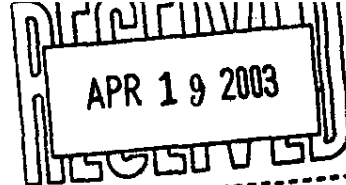


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91292 041 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3415637		Applied For ☐ Not Applicable	
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 <i>[Signature]</i> 4-22-03 Signature, typed or printed name of registered agent and fee \$12.00 (NOTE: Registered Agent's signature required when registering) DATE			
FILE NOW: FEE IS \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, THOMAS G 415 WOODSTEAD CIRCLE LONGWOOD, FL 32779 ☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOLER, LARRY W 415 WOODSTEAD CIRCLE LONGWOOD, FL 32779 ☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, CAROLINE 415 WOODSTEAD CIRCLE LONGWOOD, FL 32779 ☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hector Octaviani ☒ Change ☐ Addition 1577 Rebecca Pl. Longwood, FL 32779		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Victoria Campbell ☒ Change ☐ Addition 1553 Rebecca Pl. Longwood, FL 32779		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ellen Brown ☒ Change ☐ Addition 1590 Rebecca Pl. Longwood, FL 32779		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 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 517, 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: <i>Hector Octaviani</i> / Hector Octaviani; 3-20-03 (807) 322-8645 x 242 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



11023671



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)