2002 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # **N98000006057** 02-26-2002 90147 045 ****61.25 NEW CEDAR GROVE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 5638-5680 JASON LEE PLACE 5013 FIELDING LANE SUITE 5 SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address 5170 Immo 5170 Immo Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0903191 FLorido Not Applicable occsol \$8.75 Additional Fea Regulred 5. Certificate of Status Desired 34233 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mazzuca (P.O. Box Number Is Not Acceptable) ROKNICH, NICK III **1800 SECOND STREET** mmo SUITE 901 SARASOTA FL 34236 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. SIGNATURE (NOTE: Begistered Agent signature required when reinstating) ÷ 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 į, Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. President Addition (6) TITLE TITLE Delete ′ ወ Peter Mazzuca 5170 Immo Ct NAME ROKNICH, NICK III NAME STREET ADDRESS 1800 SECOND STREET #901 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Scresche, FL 34233 Vice President Guenter Genser TITLE STD Delete TITLE Change ☐ Addition ROSER, MIROSLAV NAME NAME STREET ADDRESS STREET ADDRESS 3932 SWIFT ROAD Scrcsota, FL 34232 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 Secretary/Trecourer Schola Mozeuca Delete Change TITEE ☐ Addition TITLE KOHL-HELBIG, LAUREN NAME NAME 5170 - Emmo-Ct-STREET ADDRESS STREET ADDRESS 1800 SECOND STREET, SUITE 901 CITY-ST-ZIP CITY-ST-ZIP FL 34233 SARASOTA FL 34236 Screscha. ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP 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 supplier filal Jeport 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 of 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 applications, with providing the empowered.

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F SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Davtime Phone #