

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90092 016 \*\*\*\*61.25

**DOCUMENT # N98000006057**

1. Entity Name

**NEW CEDAR GROVE OWNERS ASSOCIATION, INC.**



Principal Place of Business

**5170 IMMO CT.  
SARASOTA FL 34233**

Mailing Address

**5170 IMMO CT.  
SARASOTA FL 34233**

2. Principal Place of Business

**5230 IMMO CT**

3. Mailing Address

**2100 CONSTITUTION BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 118**

City & State

**SARASOTA FL**

City & State

**SARASOTA, FL**

Zip

**34233**

Country

**SARASOTA**

Zip

**34231**

Country

**SARASOTA**

4. FEI Number **65-0903191**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MAZZUCA, PETER  
5170 IMMO CT.  
SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name **PROGRESSIVE COMMUNITY MGMT, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**2100 CONSTITUTION BLVD SUITE 118**

City

**SARASOTA, FL**

FL

Zip Code

**34231**

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 **JIM MARKEL, VICE-PRES.**

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

(NOTE: Registered Agent signature required when reinstating)

**1/20/03**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>MAZZUCA, PETER</b>	
STREET ADDRESS	<b>5170 IMMO CT.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>GENSER, GUENTER</b>	
STREET ADDRESS	<b>3932 SWIFT ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	<b>MAZZUCA, SANDRA</b>	
STREET ADDRESS	<b>5170 IMMO CT.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALAN FAUCHER</b>	
STREET ADDRESS	<b>2100 CONSTITUTION BLVD SUITE 118</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GENSER, GUENTER</b>	
STREET ADDRESS	<b>2100 CONSTITUTION BLVD SUITE 118</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>	
TITLE	SEC-TREAS, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RITA ROSE</b>	
STREET ADDRESS	<b>2100 CONSTITUTION BLVD. SUITE 118</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE **MAZZUCA, PETER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/03**

**941-929-1510**

CR2E037 (10/02)