

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90055 012 \*\*\*\*61.25

**DOCUMENT # N99000004146**

1. Entity Name

**CEDAR LANE PLANTATION PROPERTY OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business

1105 S.E. 17TH STREET  
HIGH SPRINGS FL 32643

Mailing Address

PO BOX 1504  
HIGH SPRINGS FL 32655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3586171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, DIANE  
CEDAR LANE PLANTATION  
1105 S.E. 17TH STREET  
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name **WHITE, JOAN**

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

**CEDAR LANE PLANTATION  
1105 S.E. 17<sup>th</sup> STREET**

City **HIGH SPRINGS**

FL

Zip Code **32643**

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

*Joan White* (JOAN WHITE)

**2-5-05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	DP	<input type="checkbox"/> Delete
NAME	BUCCHARI, MICHAEL	
STREET ADDRESS	PO BOX 1504	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SOISSTMAN, NAN	
STREET ADDRESS	PO BOX 1504	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	GILLESPIE, DIANE	
STREET ADDRESS	PO BOX 1504	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
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		<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	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JOAN	
STREET ADDRESS	P.O. BOX 1504	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
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:

*Joan White* (JOAN WHITE)

**2-5-05**

**352-332-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #