## 2006 NOT FOR PROFIT CORPORATION ANNUAL REPORT (AR)

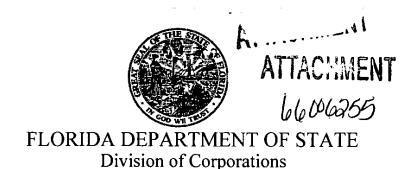
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## Secretary of State DOCUMENT # N9900004146 02-17-2006 90081 015 \*\*\*\*61.25 1. Entity Name CEDAR LANE PLANTATION PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 66006523 1105 S.E. 17TH STREET HIGH SPRINGS FL 32643 PO BOX 1504 HIGH SPRINGS FL 32655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3586171 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, JOAN Street Address (P.O. Box Number is Not Acceptable) CEDAR LANE PLANTATION 1105 S.E. 17TH STREET HIGH SPRINGS FL 32643 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 SIGNATURE JUAN WHITE, SECRETARY Signature, typed or private name of regishered agent and title it apparently Make Check Payable to FILE NOW: FEE IS \$51.25 Due By May 1 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DΡ Delete TITLE TILLE Change ■ Addition BUCCHARI, MICHAEL NAME NALE PO BOX 1504 STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL 32655 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition SOISSTMAN, NAN NAME STREET ADDRESS PO BOX 1504 STREET ADDRESS HIGH SPRINGS FL 32655 CITY-ST-ZIP CITY-ST-ZIP DST TIPLE Delete ☐ Change ☐ Addition WHITE, JOAN NAME PO BOX 1504 STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL 32643 CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Detete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Oelete. TITLE ☐ Change ☐ Add tion NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

**FILED** Mar 21, 2006 8:00 am

Date

Davidse Phone &



February 21, 2006

CEDAR LANE PLANTATION PROPERTY OWNERS" ASSOCIATION, IN PO BOX 1504 HIGH SPRINGS, FL 32655

Subject: CEDAR LANE PLANTATION PROPERTY OWNERS' ASSOCIATION,

Reference Number:

N99000004146

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION