2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005184

FILED Apr 15, 2009 Secretary of State

Entity Name: CEDAR NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5955 TG LEE BLVD, SUITE 300 6972 LAKE GLORIA BLVD ORLANDO, FL 328224457 ORLANDO, FL 328093200

Current Mailing Address: New Mailing Address:

5955 TG LEE BLVD, SUITE 300 6972 LAKE GLORIA BLVD ORLANDO, FL 328224457 ORLANDO, FL 328093200

FEI Number: 59-3706979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LELAND MANAGEMENT
5955 TG LEE BLVD, SUITE 300
ORLANDO, FL 328224457 US

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

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: 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 WILLIAMS, TANYA
 Name:
 SINCLAIR, HERTHESIA

 Address:
 1073 CHERRY POINT WAY
 Address:
 863 HERITAGE LAKES DR.

Address: 1073 CHERRY POINT WAY Address: 863 HERITAGE LAKES DR.

City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete Title: VPD (X) Change () Addition Name: DAVIS, NORMA Name: LOVELY, VIRGINIA

Address: 910 PLUMBRIDGE COURT Address: 12328 SUMTER SQUARE DR. E. City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: PD () Delete Title: () Change () Addition

 Name:
 GOODALL, STUART
 Name:

 Address:
 101 PLUMBRIDGE COURT
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART GOODALL PD 04/15/2009