

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769680

**FILED**  
**Feb 28, 2021**  
**Secretary of State**  
**3355762584CC**

**Entity Name:** CEDAR RUN OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4315 FAY BLVD  
COCOA, FL 32927

**Current Mailing Address:**

P.O. BOX 1299  
SHARPES, FL 32959 US

**FEI Number: 59-2516749**

**Certificate of Status Desired: No**

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

TCB PROPERTY MANAGEMENT  
4315 FAY BLVD  
COCOA, FL 32927 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: RENAE J FOSTER**

**02/28/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WILLIAMS , MIKE  
Address 3684 MEADOWWOOD COURT  
City-State-Zip: MELBOURNE FL 32935

Title VP  
Name ILLIES, TERRI  
Address 3690 TEAKWOOD COURT  
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR  
Name MARGARET, SHOL  
Address 3693 MEADOWWOOD COURT  
City-State-Zip: MELBOURNE FL 32935

Title TREASURER  
Name BARBARA , BANES  
Address 3677 BRENTWOOD COURT  
City-State-Zip: MELBOURNE FL 32935

Title SECRETARY  
Name DAVY, CHAMBERS  
Address 3669 TREELINE BLVD  
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR  
Name MICHAEL , CANTILLON  
Address 3718 TEAKWOOD COURT  
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR  
Name RESH, TAMMY  
Address 3676 HARDWOOD COURT  
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR  
Name SKRIBNER, DENISE  
Address 3709 DRIFTWOOD DRIVE  
City-State-Zip: MELBOURNE FL 32935

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: MIKE WILLIAMS**

**PD**

**02/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            JAMES , POLLOCK  
Address        3724 TEAKWOOD COURT  
City-State-Zip: MELBOURNE FL 32935