

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769680

**FILED**  
**Feb 04, 2024**  
**Secretary of State**  
**7638379925CC**

**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**

**02/04/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name HOLBROOK, NICHOLAS  
Address 3715 DRIFTWOOD DR  
City-State-Zip: MELBOURNE FL 32935

Title SECRETARY  
Name FUNKHAUSER, MIKE  
Address 3669 MEADOWWOOD CT  
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR  
Name BAIRD, ELOISA  
Address 3687 HOOFPRIINT DR  
City-State-Zip: MELBOURNE FL 32940

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

Title DIRECTOR  
Name BURKOTT, SCOTT  
Address 3685 DOGWOOD CT  
City-State-Zip: MELBOURNE FL 32935

Title PRESIDENT  
Name POWELL, FREDERICK  
Address 3712 MEADOWWOOD CT  
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR  
Name ILLIES, TERRIE  
Address 3690 TEAKWOOD COURT  
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: FREDERICK POWELL**

**PD**

**02/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BOYD, KATHY  
Address        3675 MEADOWWOOD COURT  
City-State-Zip: MELBOURNE FL 32935