

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 769680

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

FILED
Mar 23, 2023
Secretary of State
1076118138CC

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

03/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name BAIRD, ELOISA
Address 3687 HOOFPRIENT 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 SECRETARY
Name KARR, RICHARD
Address 3678 MEADOWWOOD CT
City-State-Zip: MELBOURNE FL 32935

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

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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: NICHOLAS HOLBROOK

PD

03/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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