

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90218 015 \*\*\*\*61.25

**DOCUMENT # 729733**

1. Entity Name

**THE CEDARS CONDOMINIUM ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
209 MIRACLE STRIP PARKWAY MARY ESTHER FL 32569		P. O. BOX 22 MARY ESTHER FL 32569 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1612408	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STACEY, RICK 209 W MIRACLE ST PWY <del>6258</del> G-303 MARY ESTHER FL 32569		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: GONZALES, JO STREET ADDRESS: 209 W MIRACLE STRIP PWY J101 CITY-ST-ZIP: MARY ESTHER FL 32569	<input type="checkbox"/> Delete	TITLE: VP NAME: ROBERT KEY STREET ADDRESS: 6614 PERCH ROAD CITY-ST-ZIP: NAVARRE FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CORNELL, RON STREET ADDRESS: 210 PELHAM RD., A220 CITY-ST-ZIP: FORT WALTON BEACH FL	<input type="checkbox"/> Delete	TITLE: D NAME: KENNETH SHOCKLEY STREET ADDRESS: 209 W. MIRACLE STRIP PARKWAY #C208 CITY-ST-ZIP: MARY ESTHER FL 32569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GRIFFITH, RANDAL S STREET ADDRESS: 209 W MIRACLE STRIP PWY G305 CITY-ST-ZIP: MARY ESTHER FL 32569	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BEEDY, IRMA STREET ADDRESS: 209 W MIRACLE STRIP PKWY, G-208 CITY-ST-ZIP: MARY ESTHER FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: STACEY, RICK STREET ADDRESS: 209 W. MIRACLE STRIP PKWY, G303 CITY-ST-ZIP: MARY ESTHER FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: KILPATRICK, JAMES STREET ADDRESS: 2380 WILLOW DALE STREET CITY-ST-ZIP: MOBILE AL 36605	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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.

SIGNATURE: *[Signature]* STACEY, PRESIDENT 4/16/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)