

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768853 (4)

1. Corporation Name
CEDAR AVENUE CONDOMINIUM OWNERS' ASSOCIATION, IN C.



Principal Place of Business 5 CLIFFORD DRIVE SUITE #5 SHALIMAR FL 32579	Mailing Address P.O. BOX 64 SHALIMAR FL 32579-0064
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3. Date Incorporated or Qualified 06/09/1983	3a. Date of Last Report 04/14/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number 59-2496558	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MANSON, DAVID
80 COUNTRY CLUB ROAD
SHALIMAR FL 32579-1606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ANGLEA, J.R.
STREET ADDRESS	117-A CEDAR AVE., SW
CITY-ST-ZIP	FT. WALTON BEACH FL 32548
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	RAGANELLA, LOUIS
STREET ADDRESS	500 POCAHONTAS DR
CITY-ST-ZIP	FT WALTON BEACH FL 32548
TITLE	D <input type="checkbox"/> DELETE
NAME	WIND, E.C.
STREET ADDRESS	C/O WAYNE PATTON REALTY, 96 MIRACLE STRIP
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	MANSON, DAVID
STREET ADDRESS	80 COUNTRY CLUB ROAD
CITY-ST-ZIP	SHALIMAR FL 32579-1606
TITLE	D <input type="checkbox"/> DELETE
NAME	MILEY, DONALD H
STREET ADDRESS	611 ALAQUA DRIVE
CITY-ST-ZIP	FREEMPORT FL 32439
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BATTISTA, FRANK
2.3 STREET ADDRESS	115A CEDAR AVE
2.4 CITY-ST-ZIP	PORT WALTON BEACH, FL 32548
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LINDLOY, GAIL
4.3 STREET ADDRESS	13 WARWICK DR.
4.4 CITY-ST-ZIP	SHALIMAR, FL 32579
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MANSON, DAVID
5.3 STREET ADDRESS	80 COUNTRY CLUB Rd.
5.4 CITY-ST-ZIP	SHALIMAR, FL 32579
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *David W. Manson* **REQUIRED** **D. W. MANSON** 25 Jan 97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074687

CR2E037 (9/96)