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FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768853 (4)
 1. Corporation Name
CEDAR AVENUE CONDOMINIUM OWNERS' ASSOCIATION, IN C.



Principal Place of Business Mailing Address

5 CLIFFORD DRIVE SUITE #5 SHALIMAR FL 32579 **P.O. BOX 64 SHALIMAR FL 32579-1250**

3. Date Incorporated or Qualified
06/09/1983

4. FEI Number **59-2496558** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

MANSON, DAVID
80 COUNTRY CLUB ROAD
SHALIMAR FL 32579-1806

10. Name and Address of New Registered Agent

81 Name **GAIL Lindley**

82 Street Address (P.O. Box Number is Not Acceptable)
13 WARWICK CIR

83 **SHALIMAR, FL**

84 City **FL** 85 Zip Code **32579**

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 *David Manson* **GAIL LINDLEY** **3-4-98**

Signature, typed or printed name of registered agent and title if applicable. (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 type="checkbox"/> DELETE
NAME	BATTISTA, FRANK
STREET ADDRESS	115A CEDAR AVE
CITY-ST-ZIP	FORT WALTON BCH FL
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	LINDSLEY, GAIL
STREET ADDRESS	13 WARWICK DR
CITY-ST-ZIP	SHALIMAR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MANSON, DAVID
STREET ADDRESS	80 COUNTRY CLUE RD
CITY-ST-ZIP	CCHALIMAR FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 Manson* **GAIL LINDLEY** **3-4-98**

CR2E037 (10/97)