


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90031 001 \*\*\*\*61.25

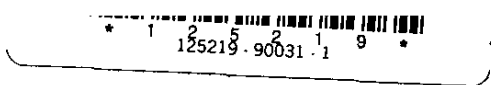
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768853**

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 32579-1250
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/09/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2496558
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75: Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent LINDLEY, GAIL 13 WARWICK 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 <b>FL</b>
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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: *Gail Lindley* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANGLEA, J.R.		1.2 NAME	
STREET ADDRESS 117-A CEDAR AVE., SW		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. WALTON BEACH FL 32548		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BATTISTA, FRANK		2.2 NAME	
STREET ADDRESS 115A CCEDAR AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP FORT WALTON BCH FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIND, E.C.		3.2 NAME	
STREET ADDRESS C/O WAYNE PATTON REALTY, 96 MIRACLE STRIP		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. WALTON BEACH FL		3.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LINDSLEY, GAIL		4.2 NAME	
STREET ADDRESS 13 WARWICK DR		4.3 STREET ADDRESS	
CITY-ST-ZIP SHALIMAR FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANSON, DAVID		5.2 NAME	
STREET ADDRESS 80 COUNTRY CLUE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP CCHALIMAR FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Gail Lindley* **NOT SIGNATURE REQUIRED** Date: *2-1-99* *850 651-5680*

CR2E037 (11/98)