


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 768853
 1. Entity Name
CEDAR AVENUE CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
5 CLIFFORD DRIVE **113C CEDAR AVE SW**
SUITE #5 **FORT WALTON BEACH, FL 32548**
SHALMAR, FL 32579



01182006 No Chg-NP CRZE037 (11/05)

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4. FEI Number Applied For
59-2496558 Not Applicable

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

6. Name and Address of Current Registered Agent
CRITER, KAREN
113C CEDAR AVE SW
FORT WALTON BEACH, FL 32548

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANGLEA, J.R.
STREET ADDRESS	117-A CEDAR AVE., SW
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	PD
NAME	DUNAHUGH, PETER
STREET ADDRESS	113 C CEDAR AVE SW
CITY-ST-ZIP	FORT WALTON BCH, FL 32548
TITLE	D
NAME	CRITER, KAREN
STREET ADDRESS	113C CEDAR AVE SW
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/30/06-80005-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* Date: **1-19-06** Daytime Phone #: **850-244-3204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR