2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 768853

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

Principal Place of Business
5 CLIFFORD DRIVE
SUITE #5
SHALIMAR, FL 32579

Mailing Address
113C CEDAR AVE SW
FORT WALTON BEACH, FL 32548

01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2496558 — Applied For / 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

DO NOT WRITE IN THIS SPACE

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

Filing Fee Is $61.25
Due by May 1, 2008

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000007789931
01/11/08-30020-019 61.25

DO NOT WRITE IN THIS SPACE

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: Karen K. Criter — 1-6-08 — 850-244-3204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #