

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 768853

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** CEDAR AVENUE CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5 CLIFFORD DRIVE  
SUITE #5  
SHALIMAR, FL 32579

**New Principal Place of Business:**

151 MARY ESTHER BLVD.  
SUITE 301  
MARY ESTHER, FL 32569

**Current Mailing Address:**

113C CEDAR AVE SW  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

151 MARY ESTHER BLVD.  
SUITE 301  
MARY ESTHER, FL 32569

FEI Number: 59-2496558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRITER, KAREN  
113C CEDAR AVE SW  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: KAREN CRITER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ANGLEA, J.R.  
Address: 117-A CEDAR AVE., SW  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: PD  
Name: DUNAHUGH, PETER  
Address: 113 C CEDAR AVE SW  
City-St-Zip: FORT WALTON BCH, FL 32548

Title: D  
Name: CRITER, KAREN  
Address: 113C CEDAR AVE SW  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: T  
Name: RISALVATO, THOMAS J  
Address: 151 MARY ESTHER BLVD., SUITE 301  
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS J. RISALVATO

T

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date