

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000839

1. Entity Name

CEDAR RIDGE PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90026 014 ****61.25

0000100

Principal Place of Business Mailing Address
1540 BARBARA'S PLACE 1540 BARBARA'S PLACE
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3524727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIDGES, GEORGE A
1540 BARBARA'S PLACE
FERNANDINA BEACH FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

DE

FL

Zip Code

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.

SIGNATURE

GEORGE A. BRIDGES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SANFORD, ROGER L
STREET ADDRESS 1516 BARBARA'S PLACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE VPD
NAME BRIDGES, GREGORY
STREET ADDRESS 1516 BARBARA'S PLACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE TSD
NAME SANFORD, JOYCE S
STREET ADDRESS 1516 BARBARA'S PLACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

JOYCE S. SANFORD

301-276

CR2E037 (9/01)