

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **729733 (6)**  
1. Corporation Name  
**THE CEDARS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**209 MIRACLE STRIP PARKWAY  
MARY ESTHER FL 32569**

Mailing Address  
**P. O. BOX 22  
MARY ESTHER FL 32569  
US**

3. Date Incorporated or Qualified **05/20/1974** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

4. FEI Number **59-1612408** Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BROOKS, JOHN W  
CENTURY 21 REALTY INC.  
43 MIRACLE STRIP PKWY  
FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent  
81 Name **EMERALD COAST VACATION RENTALS**  
82 Street Address (P.O. Box Number is Not Acceptable) **621 HWY 98 EAST**  
83  
84 City **DESTIN** 85 Zip Code **FL 32541** *OK SG*

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 *Nicole S. Todd* DATE **4/1/96**  
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEY, ROBERT	
STREET ADDRESS	6622 PERCH RD	
CITY-ST-ZIP	NAVARRE FL	
TITLE	<i>VP</i>	<input type="checkbox"/> DELETE
NAME	GONZALES, ROBERTO	
STREET ADDRESS	209 W MIRACLE STRIP PKWY #J-101	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LA GUARDIA, BEVERLY	
STREET ADDRESS	209 W. MIRACLE STRIP PKWY #E-203	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEEDEY, IRMA	
STREET ADDRESS	209 W. MIRACLE STRIP PKWY #D-208	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FULLER, LLOYD	
STREET ADDRESS	209 W MIRACLE STRIP PKWY #C107	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	<i>D/S</i>	<input type="checkbox"/> DELETE
NAME	CORNELL, BONNA	
STREET ADDRESS	209 W. MIRACLE STRIP PKWY #E301	
CITY-ST-ZIP	MARY ESTER FL 32569	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MACK CRUMPLER	
13 STREET ADDRESS	209 W MIRACLE PKWY	
14 CITY-ST-ZIP	MARY ESTER FL 32569	
21 TITLE	<i>VP</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	PETE PETERS	
23 STREET ADDRESS	209 W MIRACLE PKWY	
24 CITY-ST-ZIP	MARY ESTER FL 32569	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	800001847075	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-06/03/96--01018--007	
63 STREET ADDRESS	***61.25	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* P P DATE: **3/10/96** DAYTIME PHONE #: **904-939-188**

CR2E037 (12/95)