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FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
EMERALD COAST VACATION RENTALS
151 REGIONS WAY
STE. 2A
DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name: Pete Peters
82 Street Address (P.O. Box Number is Not Acceptable): 209 W Miracle Strip Pwy A304
83
84 City: Mary Esther FL 85 Zip Code: 32569

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: *James E. Peters*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: D	KEY, ROBERT <input checked="" type="checkbox"/> DELETE
NAME: KEY, ROBERT	STREET ADDRESS: 6622 PERCH RD
CITY-ST-ZIP: NAVARRE FL	
TITLE: <input checked="" type="checkbox"/> Director	CORNELL, RON <input type="checkbox"/> DELETE
NAME: CORNELL, RON	STREET ADDRESS: 210 PELHAM RD., A220
CITY-ST-ZIP: FORT WALTON BEACH FL	
TITLE: D	CRUMPLER, MACK <input checked="" type="checkbox"/> DELETE
NAME: CRUMPLER, MACK	STREET ADDRESS: 209 W. MIRACLE PKWY, #G202
CITY-ST-ZIP: MARY ESTHER FL	
TITLE: TD	BEEDEY, IRMA <input type="checkbox"/> DELETE
NAME: BEEDEY, IRMA	STREET ADDRESS: 209 W MIRACLE STRIP PKWY, G-208
CITY-ST-ZIP: MARY ESTHER FL	
TITLE: PD	STACEY, RICK <input type="checkbox"/> DELETE
NAME: STACEY, RICK	STREET ADDRESS: 209 W. MIRACLE STRIP PKWY, G303
CITY-ST-ZIP: MARY ESTHER FL	
TITLE: VP	PETERS, PETE <input type="checkbox"/> DELETE
NAME: PETERS, PETE	STREET ADDRESS: 209 W. MIRACLE STRIP PKWY, A304
CITY-ST-ZIP: MARY ESTER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Jo Gonzales	
1.3 STREET ADDRESS: 209 W Miracle Strip Pwy J101	
1.4 CITY-ST-ZIP: Mary Esther, FL 32569	
2.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Randal S. Griffith	
2.3 STREET ADDRESS: 209 W Miracle Strip Pwy G305	
2.4 CITY-ST-ZIP: Mary Esther, FL 32569	
3.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: LeRoy Kimbrell	
3.3 STREET ADDRESS: 209 W Miracle Strip Pwy H304	
3.4 CITY-ST-ZIP: Mary Esther, FL 32569	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. 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 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: *R. Stacey* 4-21-98 850-862-4142

CR2E037 (1097)