


FILE NOW: FILING FEE IS \$61.25

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90058 009 ****61.25

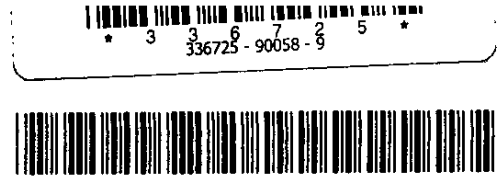
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729733

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/20/1974
21	26	4. FEI Number 59-1612408
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	24
Zip	Country	25
24	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PETERS, PETE 209 W MIRACLE ST PWY A304 MARY ESTHER FL 32569		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GONZALES, JO	1.2 NAME	
STREET ADDRESS	209 W MIRACLE STRIP PWY J101	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL 32569	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CORNELL, RON	2.2 NAME	
STREET ADDRESS	210 PELHAM RD., A220	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GRIFFITH, RANDAL S	3.2 NAME	
STREET ADDRESS	209 W MIRACLE STRIP PWY G305	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL 32569	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD BEEDY, IRMA	4.2 NAME	
STREET ADDRESS	209 W MIRACLE STRIP PKWY, G-208	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD STACEY, RICK	5.2 NAME	
STREET ADDRESS	209 W. MIRACLE STRIP PKWY, G303	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP PETERS, PETE	6.2 NAME	
STREET ADDRESS	209 W. MIRACLE STRIP PKWY, A304	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTER FL	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, with all other like empowered.

SIGNATURE: *R. Stacey* **SIGNATURE REQUIRED** **3/31/99** **850-862-4142**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)