

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 729733
 1. Entity 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



04272006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 59-1612408

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 STACEY, RICK
 209 W MIRACLE ST PWY
 G-303
 MARY ESTHER, FL 32569

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, GLADYS 209 W MIRACLE STRIP PWY C108 MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, TOM 421 TIGER POINTE ROAD NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COMBS, LOU 209 W MIRACLE STRIP PARKWAY F301 MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLAND, GLENN 8905 SCHOONER ROAD NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STACEY, RICK 209 W. MIRACLE STRIP PKWY, G303 MARY ESTHER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC SHANE, PAUL 209 W. MIRACLE STRIP PKWY #C-202 MARY ESTHER, FL 32569

U00000548955
 05/12/06-80064-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gladys Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR