2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90105 003 ****61.25

DOCUMENT # 746907

1. Entity Name

CEDAR ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
824 S.E. 46TH ST APT 2-A CAPE CORAL FL 33904	C/O PROFESSIONALLY YOURS P O BOX 831 CAPE CORAL FL 33910-0700 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 100831 Suite, Apt. #, etc.
City & State	City & State: CAPE CORAL, FL
Zip / Country	Zip: 33910 / Country: U.S.A.

4. FEI Number: 59-1970797 ☐ 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
HAVLIN, RUTH A. 824 SE 46TH ST 1-C CAPE CORAL FL 33904	Name: BARBARA OLSON Street Address (P.O. Box Number is Not Acceptable): PROFESSIONALLY YOURS, INC 1342 SE 46TH LANE STE 3 City: CAPE CORAL, FL **FL** Zip Code: 33910

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: Barbara Olson — 4/25/00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAVLIN, RUTH 824 SE 46TH ST 1C CAPE CORAL, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BASTONE, TERESA 824 SE 46TH LANE 2C CAPE CORAL, FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BASTON, TERESA 824 SE 46TH 2C CAPE CORAL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILER, LOUISE 47 STAGECOACH RD PATTERSON, NY 12563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CANNOVA, FRANK 1217 SE 46TH ST CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HAVLIN, RUTH 824 SE 46TH LANE 1C CAPE CORAL, FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Teresa Bastone REQUIRED — 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #