

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746907

1. Entity Name

CEDAR ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

824 S.E. 46TH ST
APT 2-A
CAPE CORAL FL 33904

Mailing Address

PO BOX 100831
CAPE CORAL FL 33910
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

OLSON, BARBARA
1342 SE 46TH LANE STE 3
CAPE CORAL FL 33910

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	PT BASTONE, TERESA 824 SE 46TH LANE 2C CAPE CORAL FL 33904	☐ Delete
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	STD HAVLIN, RUTH 824 SE 46TH LANE 1C CAPE CORAL FL 33904	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILER, LOUISE 47 STAGECOACH RD PATTERSON NY 12563	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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:

Barbara Olson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90086 030 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)