2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State
03-25-2004 90024 039 ****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-C CAPE CORAL FL 33904	% ~~ANNA DEPASQUALE~~ ~~824 S.E. 46TH LANE.,~~ APT. 1-C ~~CAPE CORAL FL 33904~~ US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 33914 / Country U.S - Lee

3704 S.W. 27th Place
Cape Coral FL

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

~~DEPASQUALE, ANNA~~
~~824 SE 46 STREET~~
1-C
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name LSG Business + Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable) 3704 S.W. 27th Place
Cape Coral Fl
City **FL** Zip Code 33914

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 _____
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BASTONE, TERESA 824 SE 46 STREET 2-C CAPE CORAL FL 33904	☐ Delete	STD Cosimo Dilecce 55 Griffith Ave Yonkers NY 10710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PT~~ ~~DEPASQUALE, ANNA~~ ~~824 SE 46TH STREET~~ CAPE CORAL FL 33904	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ PT PERKINS, TROY 824 SE 46 STREET 1-B CAPE CORAL FL 33904	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 239-541-1448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #