

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90057 007 ****61.25

DOCUMENT # 746907	
1. Entity Name CEDAR ARMS CONDOMINIUM ASSOCIATION, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 824 S.E. 46th St.	3. Mailing Address
Suite, Apt. #, etc. APT 2-C	Suite, Apt. #, etc.
City & State CAPE CORAL, FL.	City & State
Zip 33904	Country LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1970797	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TROY PERKINS 824 S.E. 46th St. 1-B CAPE CORAL, FL. 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TERESA BASTONE 824 S.E. 46th St. 2-C CAPE CORAL, FL. 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COSIMO DILECCE 824 S.E. 46th St. 2-B CAPE CORAL, FL. 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa Bastone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)