

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91192 036 ****61.25

DOCUMENT # 746907

1. Entity Name

CEDAR ARMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**% TERESA BASTONE
824 S.E. 46TH LANE. APT. 2-C
CAPE CORAL FL 33904
US**

20031663



2. Principal Place of Business

3. Mailing Address

Anna DePasquale

Suite, Apt. #, etc.

**# 1-C
824 S. E. 46th Street**

City & State

Cape Coral, FL

Zip

33904

Country

Lee

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

**BASTONE, TERESA
824 SE 46 STREET
2-C
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name
Anna DePasquale

Street Address (P.O. Box Number is Not Acceptable)
824 S. E. 46th Street

1-C

City

Cape Coral

FL

Zip Code

33904

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 **Anna DePasquale**

Anna DePasquale

Pres.

4-16-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	☐ Delete
NAME	BASTONE, TERESA	
STREET ADDRESS	824 SE 46 STREET 2-C	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	STD	☐ Delete
NAME	DEPASQUALE, ANNA	
STREET ADDRESS	824 SE 46 STREET 1-C	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	☒ Delete
NAME	WOLF, INGEBORG	
STREET ADDRESS	824 SE 46 STREET 1-B	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	☒ Change ☐ Addition
NAME	BASTONE, TERESA	
STREET ADDRESS	824 S. E. 46th Street 2-C	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	PT	☒ Change ☐ Addition
NAME	DEPASQUALE, ANNA	
STREET ADDRESS	824 S. E. 46th Street	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	STD	☐ Change ☒ Addition
NAME	PERKINS, TROY	
STREET ADDRESS	824 S. E. 46th Street # 1-B	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Anna DePasquale**

Anna DePasquale

Pres.

4-16-03

239-542-3626

CR2E037 (10/02)