


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 21, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 768853</b> 1. Entity Name <b>CEDAR AVENUE CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5 CLIFFORD DRIVE SUITE #5 SHALIMAR, FL 32579</b>	Mailing Address <b>113C CEDAR AVE SW FORT WALTON BEACH, FL 32548</b>
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**DO NOT WRITE IN THIS SPACE**



03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2496558</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**CRITER, KAREN  
113C CEDAR AVE SW  
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANGLEA, J.R. 117-A CEDAR AVE., SW FT. WALTON BEACH, FL 32548</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DUNAHUGH, PETER 113 C CEDAR AVE SW FORT WALTON BCH, FL 32548</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRITER, KAREN 113C CEDAR AVE SW FT. WALTON BEACH, FL 32548</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/21/05-80061-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Karen K Criter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05

Date

850-244-7908

Daytime Phone #