Mar 11, 1999 8:00 am Secretary of State

FILED

03-11-1999 90108 035 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J19992

CEDARS DEVELOPMENT OF ST. AUGUSTINE BEACH, INC.

Principal Place of Business Mailing Address							: 20210 10310 1201 8401 1 0	INST DINIT ATALE DI	041 01011 100 1
1960 SOUTH U.S. #1 1960 SOUTH U.S. #1 2.7			52 W. Hannon						
SUITE 199 SUITE 199			Hill Dr.			DO NO	T MOTE IN THE	CDACE	
ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086			llahassee, FL			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
U\$		•		3236	ഹ		iailleo		į
	(B) :	2a. Mailing Address			-0	06/18/1986 4. FEI Number		Δnr	lied For
·	ace of Business	\vdash				59-2879564		 	Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.				39-2019304		\$8.75 A	
22	#, etc.	27			Į.	Certificate of Status Des	ired	Fee Red	
City & State	e	City & State			Ť	6. Election Campaign Fina	incing	\$5.00	May Be
23		28				Trust Fund Contribution	-	Added to	
Zip	Country Zip					8. This corporation owes to	ne current year Int	angibl e	
24	25 29					Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of	New Registered	Agent	
			81	Name					
	TER, JOHN A.	Ca 1.111 1/11	82	Street A	Addres	s (P.O. Box Number is Not A	Acceptable)		
		52 W. Hannon Hill	/ Dr. 🗀						
	E 199 Tal	lahassee, FL	83						
SIA	AUGUSTINE FL 32086	323	OR 84	City				85 Zip C	ode
			-	•			<u>FL</u>	. `	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE							0475		
	Signature, typed or printed name of registered agent			signature re	equired w	hen reinstating) ADDITIONS/CHANGES	DATE TO OFFICERS AN	D DIRECTO	2S IN 12
12.	PD OFFICERS AND	DELETE	13. 1.1 TITLE	I	D	ADDITIONS/CHANGES	TO OFFICERS A	Change	Addition
TITLE	LESTER, JOHN A.	Deterie	1.2 NAME			MES HI LESTER		_ ·	
NAME	2104 WOOD STORK AVE		1.3 STREET	ADDDEES	341	E. CAMINO DEL	RIO		
STREET ADDRESS	ST. AUGUSTINE FL				VE	O BEACH , FL	22962	•	
CITY-ST-ZIP	ST. AUGUSTINE FE	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP	VER	O BENCH JEC	32102	Change	Addition
TITLE	LESTER, JOHN A.		2.2 NAME					_ ,	_
NAME	1609 BAY HAWK LANE		2.3 STREET	ADDDCCC					
STREET ADDRESS	ST. AUGUSTINE FL 32086		1	ì					
CITY-ST-ZIP	ST. AUGUSTINE PL 32000	DELETE	2. 4 CITY- \$1 3.1 TITLE	1-2119			-	Change	Addition
TITLE			3.2 NAME						
NAME			3.3 STREET	ADDRESS					
STREET ADDRESS			3.4 CITY-ST	J					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	1-21				Change	Addition
NAME		<u> </u>	4. 2 NAME						
			4.3 STREET	ADORESS					
STREET ADDRESS			4.4 CITY-ST	1					
CITY-ST-ZIP TITLE		☐ OELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME					•	
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	-Z!P					
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: