

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N14603 (7)**  
1. Corporation Name  
**CEDAR RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business: **6843 CEDAR RIDGE DR PENSACOLA FL 32526 US**  
Mailing Address: **6843 CEDAR RIDGE DR PENSACOLA FL 32526 US**

3. Date Incorporated or Qualified: **04/28/1986**  
3a. Date of Last Report: **04/18/1995**

21	2. Principal Place of Business	22	2a. Mailing Address	4.	FEI Number <b>NOT APPLICABLE</b>	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	29	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BRENDA C RUDOLPH</b> <b>6843 CEDAR RIDGE DR</b> <b>PENSACOLA FL 32526</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.

SIGNATURE: *Brenda C Rudolph* *Brenda C Rudolph* *2/24/96*  
Signature, typed or printed name of Registered Agent and, if applicable, (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLAIN, JOE			1.2	NAME		
STREET ADDRESS	6815 CEDAR RIDGE DRIVE			1.3	STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32526			1.4	CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE		2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGNER, ROBERT			2.2	NAME		
STREET ADDRESS	6814 CEDAR RIDGE DRIVE			2.3	STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32526			2.4	CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> DELETE		3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DARLEAN			3.2	NAME		
STREET ADDRESS	6816 CEDAR RIDGE DR			3.3	STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL			3.4	CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> DELETE		4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUDOLPH, BRENDA C			4.2	NAME		
STREET ADDRESS	6843 CEDAR RIDGE DR			4.3	STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL			4.4	CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE		5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2	NAME		
STREET ADDRESS				5.3	STREET ADDRESS		
CITY - ST - ZIP				5.4	CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE		6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2	NAME		
STREET ADDRESS				6.3	STREET ADDRESS		
CITY - ST - ZIP				6.4	CITY - ST - ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brenda C Rudolph* *Brenda C Rudolph* *2/24/96* *944-2307*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)