

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
6843 CEDAR RIDGE DR PENSACOLA FL 32526 US
6843 CEDAR RIDGE DR PENSACOLA FL 32526-9494 US

3. Date incorporated or Qualified 04/28/1986
3a. Date of Last Report 03/01/1996

2. Principal Place of Business 21 6845 CEDAR RIDGE DR. Suite, Apt. #, etc. 22 PENSACOLA FL. City & State 23 32526 Zip Country 25 US
2a. Mailing Address 26 6845 CEDAR RIDGE DR. Suite, Apt. #, etc. 27 PENSACOLA, FL. City & State 28 32526-9494 Zip Country 30 US
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BRENDA C RUDOLPH
6843 CEDAR RIDGE DR
PENSACOLA FL 32526

10. Name and Address of New Registered Agent
81 Name THOMAS C. LABELLE
82 Street Address (P.O. Box Number is Not Acceptable) 6845 CEDAR RIDGE DR.
83 PENSACOLA
84 City FL 85 Zip Code 32526

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 617.0503, Florida Statutes.

SIGNATURE: Thomas C. Labelle DATE: 1/6/97
(NOTE: Registered Agent signature required when reinstating)

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox.

Table with 5 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 and 2.1-2.4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) and a Change/Addition checkbox.

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas C. Labelle DATE: 1/6/97 (904) 944-5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0073285

CR2E037 (9/96)