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**May 14 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 6845 CEDAR RIDGE DR. PENSACOLA FL 32526 US  
Mailing Address: 6845 CEDAR RIDGE DR. PENSACOLA FL 32526 US

3. Date Incorporated or Qualified: 04/28/1986  
4. FEI Number: 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  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for address details.

9. Name and Address of Current Registered Agent: LABELLE, THOMAS C. 6845 CEDAR RIDGE DR. PENSACOLA FL 32526

10. Name and Address of New Registered Agent: JOYCE McCLAIN, 6815 CEDAR RIDGE DR, PENSACOLA FL 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: Carrie J. McClain, CARRIE J. McCLAIN, TREASURER, DATE: 5/4/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	WEBB, DONALD	1.1 TITLE:	
STREET ADDRESS: 6828 CEDAR RIDGE DR.	PENSACOLA FL	1.2 NAME:	
CITY-ST-ZIP:		1.3 STREET ADDRESS:	
TITLE: VD	POWER, DONALD	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 6856 CEDAR RIDGE DR.	PENSACOLA FL	2.1 TITLE:	ALAN BARNARD
CITY-ST-ZIP:		2.2 NAME:	6829 CEDAR RIDGE DR.
TITLE: SD	SMITH, DARLEAN	2.3 STREET ADDRESS:	PENSACOLA, FL.
STREET ADDRESS: 6816 CEDAR RIDGE DR	PENSACOLA FL	2.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		3.1 TITLE:	SD LINDA BARNARD
TITLE: TD	LABELLE, THOMAS	3.2 NAME:	6839 CEDAR RIDGE DR
STREET ADDRESS: 6845 CEDAR RIDGE DR.	PENSACOLA FL	3.3 STREET ADDRESS:	PENSACOLA, FL.
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	TR JOYCE McCLAIN
NAME:		4.2 NAME:	6815 CEDAR RIDGE DR.
STREET ADDRESS:		4.3 STREET ADDRESS:	PENSACOLA, FL.
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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)(l), 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: Carrie J. McClain, DATE: 5/4/98

CFR2E037 (10/97)