1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14603

1. Corporation Name

CEDAR RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC

Principal Place of Busines
6845 CEDAR RIDGE DR.
PENSACOLA FL 32526
US

Mailing Address

6845 CEDAR RIDGE DR. PENSACOLA FL 32526

US

FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90151 032 ****61.25

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2. Principal P	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualif	ed			
21	26				04/28/1986				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number			Applied For	
22					NOT APPLICABLE			Not Applicable	
City & State	City & State City & State				5. Certificate of Status Desired		•	Additional Required	
23		28	Country						
Zip					6. Election Campaign Financir	^{ng} \square		May Be	
24 25 29 30				Trust Fund Contribution Added to Fees					
	9. Name and Address of Current	041	10. Name and Address of New Registered Agent						
				Name					
MCCLAIN, JOYCE				82 Street Address (P.O. Box Number is Not Acceptable)					
6815 CEDARD RIDGE DR				83					
STE 1									
PENSACOLA FL 32526				City			85 Zig	Code	
I MITOTO ME I I D CECE				City		FL	00		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corpor	ation submits this statement for t	he purpose of o	changing i	ts registered	
office or n	egistered agent, or both, in the State of mailtain from familiar with, and accept the obligation	Florida, Such change was auth	ionzea by i	he corporation	's board of directors. I hereby ac	cept the appoin	itment as	registerea	
agent. 1 a	m ramiliar with, and accept the congation	715 OI, Section 617:0505, Florida	a Otalules.					İ	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE				Change	a Addition	
NAME	WEBB, DONALD		1.2 NAME						
	6828 CEDAR RIDGE DR.		1.3 STREET	ADODESS					
STREET ADDRESS	PENSACOLA FL		1.4 CITY-ST						
CITY-ST-ZIP	VD			-ZIP		<u></u>	Change	e Addition	
TITLE	•	- Octava	2.1 TITLE	1					
NAME	BARNARD, ALAN		2.2 NAME					j	
STREET ADDRESS	6829 CEDAR RIDGE DR	·	2.3 STREET	-			r		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST	r-ZIP			☐ Change	e Addition	
TITLE	SD	☐ DELETE	3.1 TITLE				Citaligi	B CAUGINON	
NAME	Barnard, Linda		3.2 NAME						
STREET ADDRESS	6829 CEDAR RIDGE DR		3.3 STREET	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY- ST	r-ZIP					
TITLE	TD	☐ DELETE	4.1 TITLE				☐ Chang	e 🗌 Addition	
NAME	MCCLAIN, JOYCE		4. 2 NAME		•				
STREET ADDRESS	6815 CEDAR RIDGE DR		4.3 STREET	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST	-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	e Addition	
NAME			5.2 NAME	1					
STREET ADDRESS			5.3 STREET	ADDRESS					
			5.4 CITY-ST	-ZIP	4			ĺ	
CITY-ST-ZUP TITLE	<u> </u>	☐ DELETE	6.1 TITLE	$\overline{}$			Change	e Addition	
			6.2 NAME				_ •		
NAME			6.3 STREET	ADDRÉSS					
STREET ADDRESS	-		6.4 CITY-ST	ı					
CITY-ST-ZIP	pertify that the information supplied with	4L 20			otion 110 07/2\/i\ Elorido Ctatuta	e I further cort	ifu that the	a information	
14. I hereby (certify that the information supplied with	this ming does not quainy for th	ie exemption	วก รเสเษน เก 50	icuon 119.07(3)(1), Fiorida Statute	as i minimi ceir	ary trical till	a million maderi	

4. 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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

Daytime Phone #

JRZE03/ (11/98)