

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14603

1. Entity Name

CEDAR RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90220 037 ****61.25

Principal Place of Business

Mailing Address

6845 CEDAR RIDGE DR.
 PENSACOLA FL 32526
 US

6845 CEDAR RIDGE DR.
 PENSACOLA FL 32526-9494
 US

2. Principal Place of Business

6815 CEDAR Ridge Dr

Suite, Apt. #, etc.

3. Mailing Address

6815 CEDAR Ridge Dr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32526

Country

U.S.A.

Zip

32526

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLAIN, JOYCE
 6815 CEDAR RIDGE DR
 STE 1
 PENSACOLA FL 32526

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Joyce McClain

1-31-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME WEBB, DONALD
 STREET ADDRESS 6828 CEDAR RIDGE DR.
 CITY-ST-ZIP PENSACOLA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME BARNARD, ALAN
 STREET ADDRESS 6829 CEDAR RIDGE DR
 CITY-ST-ZIP PENSACOLA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME BARNARD, LINDA
 STREET ADDRESS 6829 CEDAR RIDGE DR
 CITY-ST-ZIP PENSACOLA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME MCCLAIN, JOYCE
 STREET ADDRESS 6815 CEDAR RIDGE DR
 CITY-ST-ZIP PENSACOLA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature) **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

Date

850-452-0369

Daytime Phone #

CR2E037 (9/99)