

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

0017938

04-16-2001 90058 044 ****61.25

DOCUMENT # N14603

1. Entity Name

CEDAR RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

6815 CEDAR RIDGE DR
 PENSACOLA FL 32526
 US

6815 CEDAR RIDGE DR
 PENSACOLA FL 32526
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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 _____

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	WEBB, DONALD	6828 CEDAR RIDGE DR.	PENSACOLA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BARNARD, ALAN	6829 CEDAR RIDGE DR	PENSACOLA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BARNARD, LINDA	6829 CEDAR RIDGE DR	PENSACOLA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	MCCLAIN, JOYCE	6815 CEDAR RIDGE DR	PENSACOLA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Joyce McClain **REQUIRED** McClain (Treas) 4/10/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)