


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N14603

1. Entity Name
CEDAR RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

6815 CEDAR RIDGE DR **6815 CEDAR RIDGE DR**
PENSACOLA, FL 32526 US **PENSACOLA, FL 32526 US**

DO NOT WRITE IN THIS SPACE



02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000106413
 04/08/04-80014-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, DON 6828 CEDAR RIDGE DR. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAMER, JAY 6819 CEDAR RIDGE DR. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRIVER, DIANE 6818 CEDAR RIDGE DR. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCLAIN, JOYCE 6815 CEDAR RIDGE DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/4/04 (PS) 944-6261 Date Day/Even Phone #