

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90163 006 ****61.25

DOCUMENT # N14603
 1. Entity Name
CEDAR RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **6815 CEDAR RIDGE DR PENSACOLA, FL 32526 US**
 Mailing Address: **6815 CEDAR RIDGE DR PENSACOLA, FL 32526 US**

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02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number: **NOT APPLICABLE**
 Applied For: Applied For Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~McGLAIN, JOYCE~~
~~6815 CEDAR RIDGE DR~~
~~STE 4~~
~~PENSACOLA, FL 32526~~
DONALD G WEBB
6828 CEDAR RIDGE DR
PENSACOLA FL
32526

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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: *[Signature]* **3/4/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEBB, DON
STREET ADDRESS	6828 CEDAR RIDGE DR.
CITY - ST - ZIP	PENSACOLA, FL 32526
TITLE	VD
NAME	CRAMER, JAY NUTT, VINCE
STREET ADDRESS	6819 CEDAR RIDGE DR. 6811 CEDAR RIDGE DR
CITY - ST - ZIP	PENSACOLA, FL 32526
TITLE	SD
NAME	DRIVER, DIANE MCATS, MARY
STREET ADDRESS	6848 CEDAR RIDGE DR. 6845
CITY - ST - ZIP	PENSACOLA, FL 32526
TITLE	TD
NAME	McGLAIN, JOYCE PITTSBARGER, ROBIN
STREET ADDRESS	6815 CEDAR RIDGE DR 6835
CITY - ST - ZIP	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)(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]* **DONALD G WEBB** **3/4/05** **F50-452-03 P4**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #