


2006, NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -6 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	
2. Principal Place of Business <i>6818 Cedar Ridge Dr.</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>PENSACOLA FL</i>		City & State	
Zip <i>32526 ESCAMOLA</i>		Country <i>USA</i>	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, DONALD 6828 CEDAR RIDGE DR PENSACOLA, FL 32526		7. Name and Address of New Registered Agent Name <i>DRIVER RICHARD</i> Street Address (P.O. Box Number is Not Acceptable) <i>6818 Cedar Ridge Dr.</i> <i>PENSACOLA FL</i> City <i>PENSACOLA</i> FL Zip Code <i>32526</i>	
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 <i>Richard W. Driver President</i>		DATE <i>11-1-06</i>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, DON 6828 CEDAR RIDGE DR. PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>RICHARD DRIVER</i> <i>6818 Cedar Ridge Dr.</i> <i>PENSACOLA FL 32526</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUTT, VINCE 6811 CEDAR RIDGE DR PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>Peter FRANGIONE</i> <i>6819 Cedar Ridge Dr</i> <i>PENSACOLA FL 32526</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTS, MARY 6845 CEDAR RIDGE DR PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <i>Eddie Frangione</i> <i>6819 Cedar Ridge Dr.</i> <i>PENSACOLA FL 32526</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PITTSBARGER, ROBIN 6835 CEDAR RIDGE DR PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Richard W. Driver</i>		Date <i>11-1-06</i> Daytime Phone # <i>850-941-0015</i>	

REINSTATEMENT