

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
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2. Principal Place of Business 6818 Cedar Ridge Dr. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State PENSACOLA FL	City & State
Zip 32526	Country USA



REINSTATEMENT

4. FEI Number NOT APPLICABLE	Applied For 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	
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7. Name and Address of New Registered Agent Name DRIVER RICHARD Street Address (P.O. Box Number is Not Acceptable) 6818 Cedar Ridge Dr. PENSACOLA FL City PENSACOLA FL Zip Code 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 Richard W. Driver President Signature, typed or printed name of registered agent and title if applicable.	DATE 11-1-06 (NOTE: Registered Agent signature required when reinstating)

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.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME WEBB, DON STREET ADDRESS 6828 CEDAR RIDGE DR. CITY-ST-ZIP PENSACOLA, FL 32526	<input type="checkbox"/> Delete	TITLE PD NAME RICHARD DRIVER STREET ADDRESS 6818 Cedar Ridge Dr. CITY-ST-ZIP PENSACOLA FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME NUTT, VINCE STREET ADDRESS 6811 CEDAR RIDGE DR CITY-ST-ZIP PENSACOLA, FL 32526	<input type="checkbox"/> Delete	TITLE VD NAME Peter FRANGIONE STREET ADDRESS 6819 Cedar Ridge Dr. CITY-ST-ZIP PENSACOLA FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MONTS, MARY STREET ADDRESS 6845 CEDAR RIDGE DR CITY-ST-ZIP PENSACOLA, FL 32526	<input type="checkbox"/> Delete	TITLE SD NAME Edie Frangione STREET ADDRESS 6819 Cedar Ridge Dr. CITY-ST-ZIP PENSACOLA FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME PITTENBARGER, ROBIN STREET ADDRESS 6835 CEDAR RIDGE DR CITY-ST-ZIP PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 100081669501 11/09/06--01043--025 **\$61.50	<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: Richard W. Driver SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11-1-06 850-941-0015 Daytime Phone #

K Eckel NOV 07 2006