

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90035 017 \*\*\*\*61.25

**DOCUMENT # N98000000839**

1. Entity Name

**CEDAR RIDGE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1540 BARBARA'S PLACE  
 FERNANDINA BEACH FL 32034

1540 BARBARA'S PLACE  
 FERNANDINA BEACH FL 32034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1540 Barbara's Place  
 Suite, Apt. #, etc.

1540 BARBARA'S Place  
 Suite, Apt. #, etc.

City & State

FERNANDINA Bch. FL

City & State

FERNANDINA Bch FL

Zip  
 32034

Country  
 Nassau

Zip  
 32034

Country  
 Nassau

4. FEI Number

59-3524727

Applied For

Not Applicable

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

BRIDGES, GEORGE A  
 1540 BARBARA'S PLACE  
 FERNANDINA BEACH FL 32034

Name  
 SAME

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 George A. Bridges  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

GEORGE A. BRIDGES 4-27-01

**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 PD  
 NAME DOUGLAS, A B  
 STREET ADDRESS 3462 OLD NASSAUVILLE RD  
 CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☒ Delete

TITLE PD  
 NAME Sanford Roger, L  
 STREET ADDRESS 1516 BARBARA'S Place  
 CITY-ST-ZIP FERNANDINA Bch. FL 32034 ☒ Change ☐ Addition

TITLE VD  
 NAME DOUGLAS, STEVEN M  
 STREET ADDRESS 4576 MULBERRY CREEK DR.  
 CITY-ST-ZIP EVANS GA 30809 ☒ Delete

TITLE V.P.D  
 NAME BRIDGES, George  
 STREET ADDRESS 1540 BARBARA'S PL  
 CITY-ST-ZIP FERNANDINA Bch FL 32034 ☒ Change ☐ Addition

TITLE TSD  
 NAME DOUGLAS, GREG S  
 STREET ADDRESS 1088 OLD COVENTRY CT  
 CITY-ST-ZIP OVIEDO FL 32763 ☒ Delete

TITLE T.S.D  
 NAME SANFORD, Joyce S  
 STREET ADDRESS 1516 BARBARA'S PL  
 CITY-ST-ZIP FERNANDINA Bch FL 32034 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 Sanford  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)