

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90076 047 ****61.25

DOCUMENT # N98000004100

1. Entity Name
THE CEDARS AT MATANZAS RIVER CONDOMINIUM ASSOCIA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5 PALM ROW ST. AUGUSTINE FL 32084	Mailing Address PO BOX 1509 ST AUGUSTINE FL 32085-1509 US
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2. Principal Place of Business PO Box 1509 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State St. Augustine, FL	City & State
Zip 32084	Country

4. FEI Number 59-3561738	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

HAGLER, KENNETH D
 5 PALM ROW
 ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name: Annie Marks
 Street Address (P.O. Box Number is Not Acceptable): MAY Management Services
 PO Box 1509
 City: St. Augustine, FL Zip Code: 32084

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: *John Paul* (NOTE: Registered Agent signature required when reinstating) DATE: 1/20/00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGGLE, C. FRANK 5 PALM ROW ST. AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PHILLIPS, A. FRANK 20 CONTERA DRIVE ST. AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PABST, HAROLD C 1146 SAN JOSE FOREST ST. AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSE, WILLIAM J 947 LEW BLVD. ST. AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I SMITH, DARRELL G 5 PALM ROW ST. AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4320 A1A South # 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4320 A1A South # 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4320 A1A South # 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4320 A1A South # 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4320 A1A South # 2 St. Augustine, FL 32084
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 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: *John Paul* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/18/00 DAYTIME PHONE #: 904-421-7614

CR2E037 (9/99)