

2001 UNIFORM BUSINESS REPORT (UBR)

2/22/02
2/21

FILED
May 03, 2001 8:00 am
Secretary of State

02-28-2001 90083 040 ****61.25

DOCUMENT # N98000004100
1. Entity Name
THE CEDARS AT MATANZAS RIVER CONDOMINIUM ASSOCIA ✓

Principal Place of Business: PO BOX 1509 ST. AUGUSTINE FL 32084
Mailing Address: PO BOX 1509 ST AUGUSTINE FL 32085 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FEI Number: **59-3561738** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARKS, ANNE
MAY MANAGEMENT SERVICES
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
Name: _____
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: _____ DATE: _____

FILE NOW: FEE IS \$91.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P RIGGLE, C. FRANK 4320 A1A SOUTH #2 ST. AUGUSTINE FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Riggie, C. Frank 4320 A1A South #2 St. Augustine FL 32084 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFD PHILLIPS, A. FRANK 4320 A1A SOUTH #2 ST. AUGUSTINE FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Lynn Gilchrist 12 Flagler Blvd. St. Augustine, FL 32080 Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISO PABST, HAROLD C 4320 A1A SOUTH #2 ST. AUGUSTINE FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Gene Ilish 12 Flagler Blvd Box St. Aug. FL 32080 Sec. Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSE, WILLIAM J 4320 A1A SOUTH #2 ST. AUGUSTINE FL 32084 <input checked="" 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	T SMITH, DARRELL G 4320 A1A SOUTH #2 ST. AUGUSTINE FL 32084 <input checked="" 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 exemption stated in Section 119.07(3)(X), 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] Date: _____ Daytime Phone: _____

CRE007 (10/00)