

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

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03-03-2002 90099 050 ****61.25

DOCUMENT # N98000004100

1. Entity Name

THE CEDARS AT MATANZAS RIVER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 1509
 ST. AUGUSTINE FL 32084

PO BOX 1509
 ST AUGUSTINE FL 32085
 US

00030001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARKS, ANNIE
MAY MANAGEMENT SERVICES
SAINT AUGUSTINE FL 32084

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

Charles J. Riggles, President 2/4/02

2/4/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
NAME	RIGGLE, C. FRANK	
STREET ADDRESS	4320 A1A SOUTH #2	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GILCHRIST, LYNN	
STREET ADDRESS	12 FLAGLER BLVD	
CITY-ST-ZIP	ST-AUGUSTINE FL 32080	
TITLE	STD	<input type="checkbox"/> Delete
NAME	IRISH, GENE	
STREET ADDRESS	12 FLAGLER BLVD, B202	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Riggles, President

Date

Daytime Phone #

2/4/02 904-810-4918

CR2E037 (9/01)