


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90181 013 \*\*\*\*61.25

**DOCUMENT # N98000004100**

1. Entity Name  
**THE CEDARS AT MATANZAS RIVER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 1509  
ST. AUGUSTINE FL 32084**

Mailing Address  
**C/O MAY MANAGEMENT  
5455 A1A SOUTH  
ST AUGUSTINE FL 32080  
US**

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

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

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MARKS, ANNIE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gene Irish* **1/21/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RIGGLE, C. FRANK 4320 A1A SOUTH #2 ST. AUGUSTINE FL 32084</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GILCHRIST, LYNN 12 FLAGLER BLVD ST AUGUSTINE FL 32080</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD IRISH, GENE 12 FLAGLER BLVD, B202 ST AUGUSTINE FL 32080</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<b>Gene Irish, President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12 Flager Blvd, B202 SSt. Augustine, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Van Olphen, VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12 Flager Blvd, A201 St. Augustine, FL 32080..</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHN Wilson Tres/Sec.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12 Flager Blvd. A203 St. Augustine, FL 32080</b>
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"/> Change <input type="checkbox"/> Addition
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:** *Gene Irish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)