

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14603

**Entity Name:** CEDAR RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**4908047823CC**

**Current Principal Place of Business:**

6819 CEDAR RIDGE DR  
PENSACOLA, FL 32526

**Current Mailing Address:**

6839 CEDAR RIDGE DR  
PENSACOLA, FL 32526 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LANGFORD, LEE A TREASURER  
6839 CEDAR RIDGE DR  
PENSACOLA, FL 32526 US

*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: LEE A LANGFORD**

**01/31/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FRANGIONE, PETER  
Address 6819 CEDAR RIDGE DR  
City-State-Zip: PENSACOLA FL 32526

Title VD  
Name DRIVER, RICHARD W  
Address 6818 CEDAR RIDGE DR  
City-State-Zip: PENSACOLA FL 32526

Title SD  
Name FRANGIONE, EDIE  
Address 6819 CEDAR RIDGE DR  
City-State-Zip: PENSACOLA FL 32526

Title TD  
Name DRIVER, MARCIA DIANE  
Address 6818 CEDAR RIDGE DR.  
City-State-Zip: PENSACOLA FL 32526

Title TREASURER  
Name LEE LANGFORD  
Address 6839 CEDAR RIDGE DR.  
City-State-Zip: PENSACOLA FL 32526

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LEE A LANGFORD**

**TREASURER**

**01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date