

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14603

**FILED**  
**Feb 14, 2013**  
**Secretary of State**  
**CC3714161308**

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

**Current Principal Place of Business:**

6815 CEDAR RIDGE DR  
PENSACOLA, FL 32526

**Current Mailing Address:**

6815 CEDAR RIDGE DR  
PENSACOLA, FL 32526 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RUDOLPH, DAN  
6843 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	VD
Name	RUDOLPH, DAN	Name	DAVID, CARL
Address	6843 CEDAR RIDGE DR	Address	6841 CEDAR RIDGE DR
City-State-Zip:	PENSACOLA FL 32526	City-State-Zip:	PENSACOLA FL 32526
Title	SD	Title	TD
Name	FRANGIONE, PETER	Name	MCCLAIN, JOYCE
Address	6819 CEDAR RIDGE DR	Address	6815 CEDAR RIDGE DR
City-State-Zip:	PENSACOLA FL 32526	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:** JOYCE MCCLAIN

**TREASURER**

**02/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date