

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14603

**FILED**  
**Mar 27, 2016**  
**Secretary of State**  
**CC9916658227**

**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:**

MCCLAIN, CARRIE JOYCE TRES  
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:** CARRIE JOYCE MCCLAIN

03/27/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MCCLAIN, JOSEPH B  
Address 6815 CEDAR RIDGE DR  
City-State-Zip: PENSACOLA FL 32526

Title VD  
Name DAVID, CARL  
Address 6841 CEDAR RIDGE DR  
City-State-Zip: PENSACOLA FL 32526

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

Title TD  
Name MCCLAIN, JOYCE  
Address 6815 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:** CARRIE JOYCE MCCLAIN

TRE

03/27/2016

Electronic Signature of Signing Officer/Director Detail

Date