

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90302 050 ***150.00

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1. Entity Name
CEDARS CONDOMINIUM CORPORATION



Principal Place of Business
**5100 87TH ST. E.
BRADENTON FL 34202
US**

Mailing Address
**5100 87TH ST. E.
BRADENTON FL 34202
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1768645**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOGAN, PATRICK
5100 87TH ST. E.
BRADENTON FL 34202**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **HUNT, R A**
STREET ADDRESS **5100 87TH ST. E.**
CITY-ST-ZIP **BRADENTON FL 34202** Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ Change Addition

TITLE **VST**
NAME **HOGAN, PATRICK**
STREET ADDRESS **5100 87TH ST. E.**
CITY-ST-ZIP **BRADENTON FL 34202** Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ Change Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ Change Addition

TITLE _____
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STREET ADDRESS _____
CITY-ST-ZIP _____ Delete

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STREET ADDRESS _____
CITY-ST-ZIP _____ Change Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ Change 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 607, 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 REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 (941) 758-2424
Date Daytime Phone #

CFR2E034 (10/02)