


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90471 006 ****61.25

DOCUMENT # N00000001338

1. Entity Name
 THE CEDARS AT WOODRIDGE, INC.



Principal Place of Business 5695 BEGGS RD SUITE B-100 ORLANDO, FL 32810	Mailing Address 5695 BEGGS RD SUITE B-100 ORLANDO, FL 32810
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54041695



DO NOT WRITE IN THIS SPACE

04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3640667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTHERLAND, THERESA
 5695 BEGGS RD
 SUITE B-100
 ORLANDO, FL 32810

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

Filing Fee is \$61.25 Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD OXLEY, PAUL 3050 MICHIGAN AVENUE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKS, ROBERT R 3109 FAIRFIELD DR. KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OXLEY, LINDSEY M 3050 MICHIGAN AVENUE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Lindsay Oxley LINDSAY OXLEY 4/20/04 407 5187433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #