

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001338

FILED
Apr 13, 2005
Secretary of State

Entity Name: THE CEDARS AT WOODRIDGE, INC.

Current Principal Place of Business:

5695 BEGGS RD
SUITE B-100
ORLANDO, FL 32810

New Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

Current Mailing Address:

5695 BEGGS RD
SUITE B-100
ORLANDO, FL 32810

New Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

FEI Number: 59-3640667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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: THERESA SUTHERLAND

04/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: OXLEY, PAUL
Address: 3050 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: TD () Delete
Name: MARKS, ROBERT R
Address: 3109 FAIRFIELD DR.
City-St-Zip: KISSIMMEE, FL 34743

Title: SD () Delete
Name: OXLEY, LINDSEY M
Address: 3050 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: OXLEY, PAUL
Address: 3050 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAUL OXLEY

PVD

04/13/2005

Electronic Signature of Signing Officer or Director

Date