

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001338

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: THE CEDARS AT WOODRIDGE, INC.

**Current Principal Place of Business:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**New Mailing Address:**

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 D  
107 N. LINE DR.  
APOPKA, FL 32703 US

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

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

**OFFICERS AND DIRECTORS:**

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

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

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 exemption stated in Chapter 119, 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

PD

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date