

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90210 037 ****61.25

DOCUMENT # N97000004102

1. Entity Name

CEDAR RIDGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

7000 HIGH RIDGE RD.
LANTANA FL 33462-5006

Mailing Address

C/O CMD MGT. INC.
3082 JOG ROAD
LAKE WORTH FL 33467-2053

2. Principal Place of Business

3. Mailing Address

C/O MMI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1860 Old Okeechobee Rd. #510

City & State

City & State

WPB, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33409

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00080024



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENTHAL, DAVID C
C/O CMD MANAGEMENT, INC.
3082 JOG ROAD
LAKE WORTH FL 33467

Name SKRLD, Inc.

Street Address (P.O. Box Number is Not Acceptable)

201 Alhambra Circle, Suite 1102

City Coral Gables

FL

Zip Code 33134

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.

SIGNATURE SKRLD, Inc. by Lisa A. Lerner, Secretary

8/14/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BASILE, JOSEPH F JR. 5 OAKWOOD CT. LANTANA FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRICH, JEFFREY S 1121 SW 18TH AVE. BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FARIS, DAVID L 511 S. BROADWAY LANTANA FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Stiegele, Robert 1860 Old Okeechobee Road, Suite 510 West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Daddiro, Thomas 1860 Old Okeechobee Road, Suite 510 West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Rabin, Michael 1860 Old Okeechobee Road, Suite 510 West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE REQUIRED MICHAEL RABIN

8/14/00

361-686-7818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)