

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90210 038 ****61.25



DOCUMENT # N97000004101

1. Entity Name
CEDAR RIDGE TOWNHOMES ASSOCIATION, INC.

Principal Place of Business: **7000 HIGH RIDGE RD. LANTANA FL 33462-5006**
 Mailing Address: **C/O CMD MGT.. INC. 3082 JOG RD LAKE WORTH FL 33467-2053**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
7000 HIGH RIDGE RD. LANTANA FL 33462-5006		C/O CMD MGT.. INC. 3082 JOG RD LAKE WORTH FL 33467-2053	
		#510	
1860 Old Okeechobee Rd.		WPB, FL	
		4. FEI Number NOT APPLICABLE	
		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		7. Name and Address of New Registered Agent	
ROSENTHAL, DAVID C % CMD MANAGEMENT, INC. 3082 JOG RD LAKE WORTH FL 33467		SKRLD, Inc. 201 Alhambra Circle, Suite 1102 Coral Gables FL 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 *Lerner*, Secretary 8/14/00 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASILE, JOSEPH F JR.		NAME	Stiegele, Robert	
STREET ADDRESS	5 OAKWOOD CT.		STREET ADDRESS	1860 Old Okeechobee Road, Suite 510	
CITY-ST-ZIP	LANTANA FL 33462		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRICH, JEFFREY S		NAME	Daddiro, Thomas	
STREET ADDRESS	1121 SW 19TH AVE.		STREET ADDRESS	1860 Old Okeechobee Road, Suite 510	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARIS, DAVID L		NAME	Rabin, Michael	
STREET ADDRESS	511 S. BROADWAY		STREET ADDRESS	1860 Old Okeechobee Road, Suite 510	
CITY-ST-ZIP	LANTANA FL 33462		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Michael Rabin *Michael Rabin* 8/18/00 561-686-7818
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)