

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90021 001 ****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 MMI
901 NORTHPOINT PARKWAY #108
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0897573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITE, JOSEPH ☒ Delete
STREET ADDRESS 304 SPRUCE ST
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE VD
NAME BASILE, JOSEPH ☐ Delete
STREET ADDRESS 5 OAKWOOD CT.
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE SD
NAME MARTIN, CAMILLE ☐ Delete
STREET ADDRESS 348 SPRUCE ST
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME Mike King ☐ Change ☒ Addition
STREET ADDRESS 10 Redwood Ct.
CITY-ST-ZIP Boynton Beach, FL 33426

TITLE T
NAME J. Cathi Hall ☐ Change ☒ Addition
STREET ADDRESS 330 Spruce St.
CITY-ST-ZIP Boynton Beach, FL 33426

TITLE D
NAME Henry Ostaszewski ☐ Change ☒ Addition
STREET ADDRESS 146 Spruce St.
CITY-ST-ZIP Boynton Beach, FL 33426

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-04