


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

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

02-23-2004 90039 043 \*\*\*\*61.25

<b>DOCUMENT # N97000004101</b>	
<b>1. Entity Name</b> CEDAR-RIDGE TOWNHOMES ASSOCIATION, INC.	

<b>Principal Place of Business</b> 7000 HIGH RIDGE RD. LANTANA FL 33462-5006	<b>Mailing Address</b> C/O MMI 901 NORTHPOINT PARKWAY #108 WEST PALM BEACH FL 33407 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 65-0897569	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134	
<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> SD	<b>NAME</b> FAWLEY, ANTONIA <b>STREET ADDRESS</b> 215 ELM WAY <b>CITY-ST-ZIP</b> BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	<b>TITLE</b> PD
<b>TITLE</b> VD	<b>NAME</b> DIFRANCESCO, DARRYN <b>STREET ADDRESS</b> 308 SPRUCE STREET <b>CITY-ST-ZIP</b> BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete	<b>NAME</b> Antonia Fawley <b>STREET ADDRESS</b> 215 Elmway <b>CITY-ST-ZIP</b> Boynton Beach, FL 33426
<b>TITLE</b> PD	<b>NAME</b> WHITE, JOSEPH <b>STREET ADDRESS</b> 304 SPRUCE STREET <b>CITY-ST-ZIP</b> BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete	<b>NAME</b> Sean Williams <b>STREET ADDRESS</b> 134 Spruce St. <b>CITY-ST-ZIP</b> Boynton Beach, FL 33426
<b>TITLE</b> S	<b>NAME</b> Melissa Vea <b>STREET ADDRESS</b> 305 Spruce St. <b>CITY-ST-ZIP</b> Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> J. Cathi Hall <b>STREET ADDRESS</b> 330 Spruce St. <b>CITY-ST-ZIP</b> Boynton Beach, FL
<b>TITLE</b> T	<b>NAME</b> J. Cathi Hall <b>STREET ADDRESS</b> 330 Spruce St. <b>CITY-ST-ZIP</b> Boynton Beach, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME

**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:**  **1/27/2004** **561-6867818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #