

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90036 031 ****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 MM 901 NORTHPOINT PARKWAY #108 WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0897569	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME FAWLEY, ANTONIA	<input type="checkbox"/> Delete	TITLE S	NAME Judy Immer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 215 ELM WAY	CITY-ST-ZIP BOYNTON BEACH, FL 33426		STREET ADDRESS 344 Spruce St	CITY-ST-ZIP Boynton Beach FL 33426	
TITLE VD	NAME WILLIAMS, SEAN	<input type="checkbox"/> Delete	TITLE D	NAME Henry Ostaszewski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 134 SPRUCE ST	CITY-ST-ZIP BOYNTON BEACH, FL 33426		STREET ADDRESS 146 Spruce St	CITY-ST-ZIP Boynton Beach FL 33426	
TITLE S	NAME VEAL, MELISSA	<input checked="" type="checkbox"/> Delete	TITLE T	NAME Camille martin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 305 SPRUCE ST	CITY-ST-ZIP BOYNTON BEACH, FL 33426		STREET ADDRESS 348 Spruce St	CITY-ST-ZIP Boynton Beach FL 33426	
TITLE T	NAME HALL, J. CATHI	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Helena Bresnahan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 330 SPRUCE ST	CITY-ST-ZIP BOYNTON BEACH, FL		STREET ADDRESS 125 Spruce St	CITY-ST-ZIP Boynton Beach FL 33426	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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:			1/16/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		