


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-20-2005 90036 031 ****61.25

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1. Entity Name
CEDAR RIDGE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
 7000 HIGH RIDGE RD.
 LANTANA, FL 33462-5006

Mailing Address
 C/O MMJ
 901 NORTHPOINT PARKWAY #108
 WEST PALM BEACH, FL 33407 US

50004042



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0897569

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME FAWLEY, ANTONIA
 STREET ADDRESS 215 ELM WAY
 CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE **S** Change Addition
 NAME **JUDY IMMER**
 STREET ADDRESS **344 SPRUCE ST**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE VD Delete
 NAME WILLIAMS, SEAN
 STREET ADDRESS 134 SPRUCE ST
 CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE **D** Change Addition
 NAME **HENRY OSTASZEWSKI**
 STREET ADDRESS **146 SPRUCE ST**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **S** Delete
 NAME VEAL, MELISSA
 STREET ADDRESS 305 SPRUCE ST
 CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE **T** Change Addition
 NAME **CAMILLE MARTIN**
 STREET ADDRESS **348 SPRUCE ST**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **T** Delete
 NAME HALL, J. CATHI
 STREET ADDRESS 330 SPRUCE ST
 CITY-ST-ZIP BOYNTON BEACH, FL

TITLE **D** Change Addition
 NAME **HELENA BRESNAHAN**
 STREET ADDRESS **125 SPRUCE ST**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: *Camille Martin* 1/16/05 *Director*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #