


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90037 036 ****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 MMI 901 NORTHPOINT PARKWAY #108 WEST PALM BEACH, FL 33407 US	
2. Principal Place of Business 901 Northpoint Pkwy Suite, Apt. #, etc. 307		3. Mailing Address 901 Northpoint Pkwy Suite, Apt. #, etc. 307	
City & State West Palm Beach FL		City & State West Palm Beach	
Zip 33407	Country Palm Beach	Zip 33407	Country Palm Beach
4. FEI Number 65-0897569		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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.		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	
(Signature, typed or printed name of registered agent and title if applicable.)		(NOTE: Registered Agent signature required when reinstating.)	
DATE		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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 FAWLEY, ANTONIA 215 ELM WAY BOYNTON BEACH, FL 33426	TITLE	Jennifer Wink 131 Spruce ST Boynton Beach FL 33426
NAME	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD WILLIAMS, SEAN 134 SPRUCE ST BOYNTON BEACH, FL 33426	TITLE	Veal, melissa 305 Spruce ST Boynton Beach FL 33426
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD MARTIN, CAMILLE 348 SPRUCE ST BOYNTON BEACH, FL 33426	TITLE	JD Martin, Camille 348 Spruce ST Boynton Beach, FL 33426
NAME	<input checked="" type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BRESNAHAN, HELENA 125 SPRUCE ST BOYNTON BEACH, FL 33426	TITLE	D Pastler Gary 210 Birch ST Boynton Beach FL 33426
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S IMMER, JUDY 344 SPRUCE ST BOYNTON BEACH, FL 33426	TITLE	D Immer Judy 334 Spruce st Boynton Beach FL 33426
NAME	<input checked="" type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D OSTASZEWSKI, HENRY 146 SPRUCE ST BOYNTON BEACH, FL 33426	TITLE	
NAME	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: <i>Melissa Veal</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



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