


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004787 1. Entity Name CEDAR RIDGE OF VENICE RESIDENTS ASSOCIATION, INC.	
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Principal Place of Business 1901 S TAMiami TRAIL VENICE, FL 34293	Mailing Address 1901 S TAMiami TRAIL VENICE, FL 34293
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (11/05)

4. FEI Number 02-0625334	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

**CLOUTIER, JACQUES
1901 S TAMiami TRAIL
VENICE, FL 34293**

**DO NOT WRITE
IN THIS SPACE**

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 forgoing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLOUTIER, JACQUES 1901 S TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WHITE, GIANNA 1901 S TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLOUTIER, LINDA 1901 S TAMiami TRAIL VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/06-80096-017 61.25

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: Jacques Cloutier 4/10/06 941-493-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #