


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90270 031 ****61.25

DOCUMENT # N97000004101

1. Entity Name
CEDAR RIDGE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
**901 NORTHPOINT PKWY
 307
 WEST PALM BEACH, FL 33407**

Mailing Address
**901 NORTHPOINT PKWY
 307
 WEST PALM BEACH, FL 33407 US**

40011022



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03012007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**SKRLD, INC.
 201 ALHAMBRA CIRCLE
 SUITE 1102
 CORAL GABLES, FL 33134**

4. FEI Number
65-0897569

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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 _____

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WINK, JENNIFER	
STREET ADDRESS	131 SPRUCE ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, SEAN	
STREET ADDRESS	134 SPRUCE ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMILLE, MARTIN	
STREET ADDRESS	348 SPRUCE ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRESNAHAN, HELENA	
STREET ADDRESS	125 SPRUCE ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARY, PASLER	
STREET ADDRESS	210 BURCH ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	T	<input type="checkbox"/> Delete
NAME	VEAL, MELISSA	
STREET ADDRESS	305 SPRUCE ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, JOHN	
STREET ADDRESS	112 SPRUCE ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IMMER, JUDY	
STREET ADDRESS	344 SPRUCE ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Melissa Veal Melissa Veal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #