

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004102

FILED
Aug 27, 2007
Secretary of State

Entity Name: CEDAR RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

901 NORTHPOINT PKWY
SUITE 307
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

901 NORTHPOINT PKWY
SUITE 307
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0897573 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINK, JENNIFER
Address: 331 SPRUCE ST
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VD () Delete
Name: GRANOWITZ, TIMOTHY
Address: 24 PEPPERWOOD CT
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ST () Delete
Name: MARTIN, CAMILLE
Address: 348 SPRUCE ST
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: WILLIAMS, SEAN
Address: 134 SPRUCE STREET
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: LAINER, TIFFANY
Address: 16 PEPPERWOOD CT
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: KING, MICHAEL D
Address: 10 REDWOOD CT
City-St-Zip: BOYNTON, FL 33426 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KING

PRES

08/27/2007

Electronic Signature of Signing Officer or Director

Date