

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005025

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** CEDAR CREEK RANCH ASSOCIATION, INC.

**Current Principal Place of Business:**

2950 JOG ROAD  
GREENACRES, FL 33467 US

**New Principal Place of Business:**

2950 JOG ROAD  
GREENACRES, FL 33467

**Current Mailing Address:**

2950 JOG ROAD  
GREENACRES, FL 33467 US

**New Mailing Address:**

C/O CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467 US

**FEI Number:** 20-0493372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVE., SOUTH, SUITE 400  
WEST PALM BEACH, FL 33409 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: PD ( ) Delete  
Name: MYERS, BRADY  
Address: 4187 CEDAR CREEK RANCH CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete  
Name: KRISTOV, LAURA  
Address: 4168 CEDAR CREEK RANCH CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete  
Name: RUSZCYK, ONITA  
Address: 4120 CEDAR CREEK RANCH CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: ZEITZ, PATRICK  
Address: 4193 CEDAR CREEK RANCH CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: SIMONELLI, KATHY  
Address: 4174 CEDAR CREEK RANCH  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: HRISTOV, LAURE  
Address: 4168 CEDAR CREEK RANCH CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

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

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

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

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: LAURE HRISTOV

V

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date