## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 10 12 FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith **FOR** Secretary of State DIVISION OF CORPORATIONS FILED N97000004102 **DOCUMENT #** 03 MAR -3 AM 11: 51 1. Corporation Name CEDAR RIDGE COMMUNITY ASSOCIATION, INC. SEGRETARY OF STATE はLAHASSEE、FLの高海 Principal Place of Business Mailing Address C/O MMI 7000 HIGH RIDGE RD. 1869 OLD OKEECHOBEE RD #510 LANTANA FL 33462-5006 WEST PALM BEACH FL 33409 10020 008 6125 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified 07/21/1997 5. FEI Number NOT-APPLICABLE Applied For Not Applicable \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip and/or Directors Officer and/or Director WEST PALM BEACH FL 33409 1860 OLD OKEECHOBEE RD STE 510 <del>-stiegele. Rober</del>t WEST PALM BEACH FL 33409 1860 OLD OKEECHOBEE RD STE 510 DADDIRO: THOMAS 1860 OLD OKEECHOBEE RD STE 510 WEST PALM BEACH FL 33409 RABIN, MICHAEL 5 Dakwood Ct. 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

SKRLD, INC.

201 ALHAMBRA CIRCLE

**SUITE 1102** 

Suite, Apt. #, etc.

City & State

Title(s)

PD

**VPD** 

STD

Zip

CORAL GABLES FL 33134

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

<del>93/93/03--01006</del>

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

Daytime Phone #

parava

Cedar Ridge Community Association, Inc. Directors

J. Cathi Hall (Treasurer) 330 Spruce Street Boynton Beach, FL 33426 Mike King (Director) 10 Redwood Court Boynton Beach, FL 33426

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Page 303



1860 Old Okeechobee Road • Suite 510 • West Palm Beach, Florida 33409 (561) 686-7818 • Fax (561) 686-7284

February 4, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Cedar Ridge Community Association, Inc.

Document # N9700004102

Dear Sir:

Cedar Ridge Community Association, Inc. mailed in a completed annual report and a check in the amount of \$61.25 for the year of 2002. The check has been cashed. This office received no further information until we received this reinstatement notice. Please waive the late fee and apply the enclosed check for the 2003.

Should you have any question, please call me at the above telephone number. Thank you for your assistance.

Sincerely,

For the Board of Directors

Paula Rappold CAM Property Manager

MMI of the Palm Beaches, Inc.

cc: President

Legal