

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004101

**Entity Name:** CEDAR RIDGE TOWNHOMES ASSOCIATION, INC.**Current Principal Place of Business:**100 FOREST DR.  
BOYNTON BEACH, FL 33426**Current Mailing Address:**C/O CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467**FEI Number:** 65-0897569**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DICKER, KRIVOK & STOLOFF  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	CAMILLE, MARTIN
Address	348 SPRUCE ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	TREASURER
Name	EDWARDS, CYNTHIA
Address	328 SPRUCE ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	PRESIDENT
Name	VEAL, MELISSA
Address	305 SPRUCE ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	DIRECTOR
Name	SABA, RICK
Address	106 SPRUCE ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	DIRECTOR
Name	BRODI, CHERE
Address	107 SPRUCE ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	VP
Name	FLANK, RANDI
Address	115 SPRUCE
City-State-Zip:	BOYNTON BEACH FL 33426

Title	DIRECTOR
Name	HYACINTHE, FRANTZI
Address	140 SPRUCE
City-State-Zip:	BOYNTON BEACH FL 33426

*I hereby 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 all other like empowered.*

**SIGNATURE:** MELISSA VEAL

PRESIDENT

03/27/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date