

**2013 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 SOUTH AUSTRALIAN AVENUE  
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 P  
Name WINK, JENNIFER  
Address 131 SPRUCE ST  
City-State-Zip: BOYNTON BEACH FL 33426

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

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

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

Title D  
Name SCIANADRE, DENNIS  
Address 116 SPRUCE STREET  
City-State-Zip: BOYNTON BEACH FL 33426

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

Title D  
Name REARDON, LYNN  
Address 117 SPRUCE ST  
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:** JENNIFER WINK

P

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date