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TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770922
1. Corporation Name
CEDAR RIDGE OFFICE CONDOMINIUM, INC.

Principal Place of Business: P.O. BOX 7320, WESLEY CHAPEL FL 33543
Mailing Address: 6725 CEDAR RIDGE DR, ZEPHYRHILLS FL 33540, US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/25/1983
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number
		54-2242120
23. City & State	28. City & State	5. Certificate of Status Desired
		1 \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCGLAWN, VANETTE 5410 PINEBARK LANE WESLEY CHAPEL FL 33543	81 Name: DANIEL McGRANE 82 Street Address (P.O. Box Number is Not Acceptable): 6725 Cedar Ridge Drive 83 Suite 1 84 City: Zephyrhills FL 85 Zip Code: 33540

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Daniel M. McGrane X Date: 1-31-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRANE, DANIEL	1.2 NAME	
STREET ADDRESS	6725 CEDAR RIDGE DR., #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLAWN, VANETTE	2.2 NAME	
STREET ADDRESS	6725 CEDAR RIDGE DR., #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLAWN, VAN Van McGlawn	3.2 NAME	
STREET ADDRESS	12700 BAYONET POINT 12700 Bayonet Point	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL 32007 Bayonet Point, FL 34607	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel M. McGrane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-788-7662
Daytime Phone #

CR2E037 (1/1/98)