


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

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



Principal Place of Business P.O. BOX 7329 WESLEY CHAPEL, FL 33543	Mailing Address 6725 CEDAR RIDGE DR ZEPHYRHILLS, FL 33540 US
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06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-2242120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCGRANE, DANIEL
 6725 CEDAR RIDGE DRIVE
 SUITE 1
 ZEPHYRHILLS, FL 33540

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000164584
 07/08/04-80014-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRANE, DANIEL 6725 CEDAR RIDGE DR., #4 ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGLAWN, VANETTE 6725 CEDAR RIDGE DR., #1 ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGLAWN, VAN 12706 BAYONET POINT BAYONET POINT, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 7/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR