


**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      Mailing Address  
 P.O. BOX 7329      6725 CEDAR RIDGE DR  
 WESLEY CHAPEL, FL 33543      ZEPHYRHILLS, FL 33540 US

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 54-2242120      Not Applicable

5. Certificate of Status Desired       \$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	D
NAME	MCGRANE, DANIEL
STREET ADDRESS	6725 CEDAR RIDGE DR., #4
CITY-ST-ZIP	ZEPHYRHILLS, FL
TITLE	D
NAME	MCGLAWN, VANETTE
STREET ADDRESS	6725 CEDAR RIDGE DR., #1
CITY-ST-ZIP	ZEPHYRHILLS, FL
TITLE	D
NAME	MCGLAWN, VAN
STREET ADDRESS	12706 BAYONET POINT
CITY-ST-ZIP	BAYONET POINT, FL 34667
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      Daytime Phone #