


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 770922

1. Entity Name
CEDAR RIDGE OFFICE CONDOMINIUM, INC.



Principal Place of Business
6725 CEDAR RIDGE DR
ZEPHYRHILLS, FL 33542

Mailing Address
6725 CEDAR RIDGE DR
ZEPHYRHILLS, FL 33542 US



03282006 No Chg-NP CR2E037 (11/05)

NOT WRITE IN THIS SPACE

4. FEI Number
54-2242120

Applied For
 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 33542

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25 Due by May 1, 2006

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


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
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 04/29/06-80197-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #