


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**

NOT WRITE IN THIS SPACE



03282006 No Chg-NP CR2E037 (11/05)

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 (NOTE: Registered Agent signature required when reinstating) 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	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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000515290
 04/29/06-80197-013 61.25

DO NOT WRITE IN THIS SPACE

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 # _____