



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 770922 1. Entity Name CEDAR RIDGE OFFICE CONDOMINIUM, INC.	
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Principal Place of Business 6725 CEDAR RIDGE DR ZEPHYRHILLS, FL 33542	Mailing Address 6725 CEDAR RIDGE DR ZEPHYRHILLS, FL 33542 US
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02082007 No Chg-NP CR2E037 (4/06)

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 33542**

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

**Filing Fee is \$81.25
Due by May 1, 2007**

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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U00000682931
04/05/07-80023-010 61.25

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: _____ **3/22/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #