


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**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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**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2242120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000883929  
 04/17/08-80023-014 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **4/1/08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #