

2001 UNIFORM BUSINESS REPORT (UBR)

2/6.

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-06-2001 90302 013 ****61.25

DOCUMENT # N00000004242

1. Entity Name

CEDAR RIDGE AT AUTUMN WOODS CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

5801 PELICAN BAY BLVD.
 SUITE 600
 NAPLES FL 34108

5801 PELICAN BAY BLVD.
 SUITE 600
 NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3656934

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUEMLER, TIMOTHY J
5801 PELICAN BAY BLVD.
SUITE 600
NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD HALLORAN, DANIEL J**
 STREET ADDRESS **5801 PELICAN BAY BLVD. SUITE 600**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD SCARSELLA, TIMOTHY**
 STREET ADDRESS **5801 PELICAN BAY BLVD. SUITE 600**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD CLASS, MARIA**
 STREET ADDRESS **5801 PELICAN BAY BLVD. SUITE 600**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Daniel Halloran* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01

(941) 598-4145

Date Daytime Phone #

CRE037 (10/00)