


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90359 032 \*\*\*\*61.25

**DOCUMENT # N0000004242**

1. Entity Name  
**CEDAR RIDGE AT AUTUMN WOODS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business **Gulf Breeze Management Services LLC** Mailing Address **Gulf Breeze Management Services LLC**  
**22725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135** **22725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135**



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3656934** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

01192004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**GULF BREEZE MANAGEMENT SERVICES OF SW FL**  
**27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent  
~~Name Weidner, Ralph L. LLC~~  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ralph L. Weidner* **Ralph L. Weidner** DATE **2/24/2004**

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

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBERG, DAVID H		NAME	Mangos, Dr. Christ T.	
STREET ADDRESS	7095 POND CYPRESS COURT #101		STREET ADDRESS	7126 Blue Juniper Court, #102	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Naples, FL 34109	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TATMAN, FRANK J		NAME	Young, Eugene W.	
STREET ADDRESS	7123 BLUE JUNIPER COURT #101		STREET ADDRESS	7123 Blue Juniper Court, #101	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Naples, FL 34101	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VLASHO, PATRICIA		NAME		
STREET ADDRESS	6790 PELICAN BAY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Christ T. Mangos* **Christ T. Mangos** DATE: **2-24-04** DAYTIME PHONE: **(239) 254-9883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR