

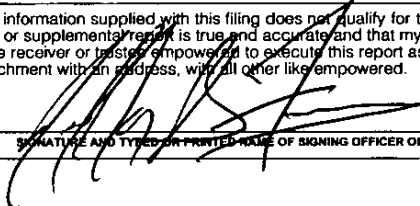


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90462 001 \*\*\*\*61.25

<b>DOCUMENT # N00000004242</b>					
<b>1. Entity Name</b> CEDAR RIDGE AT AUTUMN WOODS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 27725 OLD 41ST SUITE 104 BONITA SPRINGS, FL 34135		<b>Mailing Address</b> 22725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135		00010000	
%Gulf Breeze Mgmt. Svcs. of		%Gulf Breeze Mgmt. Svcs.			
<b>2. Principal Place of Business</b> SW FL, LLC 8910 Terrene Court		<b>3. Mailing Address</b> of SW FL, LLC 8910 Terrene Court			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200		01062006 Chg-NP CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 59-3656934	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
WEIDNER, RALPH L C/O GULF BREEZE MGMT SER.OF SW FL, LLC 27725 OLD 41 BONITA SPRINGS, FL 34135				Name Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANGOS, DR. CHRIST T 7126 BLUE JUNIPER COURT #102 NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Feins, Jeff 7095 Pond Cypress Court, #201 Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG, EUGENE W 7123 BLUE JUNIPER COURT #101 NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Kessler, Ed 7127 Blue Juniper Court, #102 Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VLASHO, PATRICIA 6790 PELICAN BAY BLVD. NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6525 Crown Colony Place	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> 		Jeff Feins		4/17/06 (239) 566-9933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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