## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004242

FILED Apr 12, 2007 Secretary of State

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

**Current Principal Place of Business:** 

New Principal Place of Business:

%GULF BREEZE MGMT SRVS., OF SW FL, LLC 8910 TERRENE CT STE 200

1044 CASTELLO DR., STE 206

NAPLES, FL 34103

**Current Mailing Address:** 

BONITA SPRINGS, FL 34135

BONITA SPRINGS, FL 34135

New Mailing Address:

%GULF BREEZE MGMT SRVS., OF SW FL, LLC 8910 TERRENE CT STE 200 %SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE 206

NAPLES, FL 34103

FEI Number: 59-3656934

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

% SOUTHWEST PROPERTY MANAGEMENT

WEIDNER, RALPH L

SOUTHWEST PROPERTY MANAGEMENT

C/O GULF BREEZE MGMT SER.OF SW FL, LLC 27725 OLD 41

1044 CASTELLO DR., STE 206 NAPLES,, FL 34103 US

BONITA SPRINGS, FL 34135 US

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: STEVE WILLIAMS

04/12/2007

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete

Title: P (X) Change ( ) Addition Name: FEINS, JEFF

Name: FEINS, JEFF
Address: 7095 POND CYPRESS CT 201

Address: 7095 POND CYPRESS CT 201

City-St-Zip: NAPLES, FL 34109

City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete

Title: VD (X) Change ( ) Addition Name: HESS, KEN

Name: KESSLER, ED

Address: 7127 BLUE JUNIPER COURT. #101

Address: 7127 BLUE JUNIPER CT 102 City-St-Zip: NAPLES, FL 34109

City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete

Title: STD (X) Change ( ) Addition

Name: VLASHO, PATRICIA Address: 6525 CROWN COLONY PL Name: PATON, SAM Address: 7120 TIMBERLAND CIRCLE, #102

City-St-Zip: NAPLES, FL 34108

City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF FEINS P 04/12/2007