


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

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90094 043 \*\*\*\*61.25

**DOCUMENT # N00000004242**

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



Principal Place of Business  
 % SOUTHWEST PROPERTY MANAGEMENT  
 1044 CASTELLO DR., STE 206  
 NAPLES, FL 34108

Mailing Address  
 %SOUTHWEST PROPERTY MANAGEMENT  
 1044 CASTELLO DR., STE 206  
 NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #  
**Hayden & Assoc**  
**8359 Beacon Blvd. Suite 213**  
**Ft. Myers, FL 33907**

3. Mailing Address  
**Hayden & Assoc**  
**8359 Beacon Blvd. Suite 213**  
**Ft. Myers, FL 33907**

Zip Country



01282008 Chg-NP CR2E037 (12/06)

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  
**SOUTHWEST PROPERTY MANAGEMENT**  
**1044 CASTELLO DR., STE 206**  
**NAPLES, FL 34103**

7. Name and Address of New Registered Agent

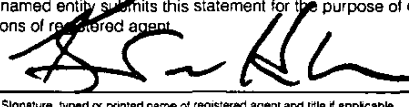
Name **HAYDEN KEN**

Street Address (P.O. Box Number is Not Acceptable)  
**8359 Beacon Blvd. Suite 213**

City **Ft. Myers, FL 33907**

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  DATE **4-11-08**

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, 2008**

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

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

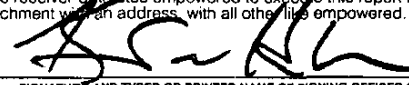
10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FEINS, JEFF	
STREET ADDRESS	7095 POND CYPRESS CT 201	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HESS, KEN	
STREET ADDRESS	7127 BLUE JUNIPER COURT. #101	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PATON, SAM	
STREET ADDRESS	7120 TIMBERLAND CIRCLE, #102	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKER, LAUREN	
STREET ADDRESS	7095 POND CYPRESS COURT #201	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Holder	
STREET ADDRESS	7128 Timberland Cir #201	
CITY-ST-ZIP	Naples FL 34109	
TITLE	PM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Hayden	
STREET ADDRESS	8359 Beacon Blvd, Suite 213	
CITY-ST-ZIP	Ft Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 titles empowered.

SIGNATURE:  DATE **4-11-08**

Signature and typed or printed name of signing officer or director Date Daytime Phone #