

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91482 036 ****61.25

DOCUMENT # N00000004242



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

Principal Place of Business 5801 PELICAN BAY BLVD. SUITE 600 NAPLES FL 34108	Mailing Address 5801 PELICAN BAY BLVD. SUITE 600 NAPLES FL 34108
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business of Gulf Breeze Management Services of SW FL LLC 27725 Old 41	3. Mailing Address of Gulf Breeze Management Services of SW FL LLC 27725 Old 41
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Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
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City & State Bonita Springs, FL	City & State Bonita Springs, FL	4. FEI Number 59-3656934	Applied For <input type="checkbox"/> Not Applicable
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Zip 34135	Country USA	Zip 34135	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUEMLER, TIMOTHY J 5801 PELICAN BAY BLVD. SUITE 600 NAPLES FL 34108		7. Name and Address of New Registered Agent Name Weidner, Ralph L. Gulf Breeze Management Services of SW FL, LLC Street Address (P.O. Box Number is Not Acceptable) 27725 Old 41 Suite 104 City Bonita Springs FL Zip Code 34135	
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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** 4/24/03
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete HALLORAN, DANIEL J 5801 PELICAN BAY BLVD. SUITE 600 NAPLES FL 34108
TITLE VPD	<input checked="" type="checkbox"/> Delete SCARSELLA, TIMOTHY 5801 PELICAN BAY BLVD. SUITE 600 NAPLES FL 34108
TITLE STD	<input checked="" type="checkbox"/> Delete AZAMI, SHAZIA 5801 PELICAN BAY BLVD. SUITE 600 NAPLES FL 34108
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rosenberg, David H. 7095 Pond Cypress Court; #101 Naples, FL 34109
TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tatman, Frank J. 7123 Blue Juniper Court, #101 Naples, FL 34109
TITLE S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vlasho, Patricia 6790 Pelican Bay Blvd. Naples, FL 34108
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ralph L. Weidner* **3-7-03 (239-591-3249)**

CR2E037 (10/02)