

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

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90018 009 ****70.00

DOCUMENT # N02000004787

1. Entity Name
**CEDAR RIDGE OF VENICE RESIDENTS ASSOCIATION,
INC.**



Principal Place of Business
**1901 S TAMiami TRAIL
VENICE, FL 34293**

Mailing Address
**1901 S TAMiami TRAIL
VENICE, FL 34293**

DO NOT WRITE IN THIS SPACE



02032004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
02-0625334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**CLOUTIER, JACQUES
1901 S TAMiami TRAIL
VENICE, FL 34293**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
CLOUTIER, JACQUES
1901 S TAMiami TRAIL
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVS
WHITE, GIANNA
1901 S TAMiami TRAIL
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
CLOUTIER, LINDA
1901 S TAMiami TRAIL
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04

Date

941 493 2600

Daytime Phone #