

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
Secretary of State

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**



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE**

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 reappointing)

DATE

3/6/07

**Filing Fee is \$61.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

**U000000661411
03/20/07-80039-018 61.25**

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07
Date

(441) 493-2600
Daytime Phone #