

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90193 049 ****61.25

DOCUMENT # N03000005025
 1. Entity Name
CEDAR CREEK RANCH ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2700 N MILITARY TRAIL SUITE 360 BOCA RATON FL 33431
 2700 N MILITARY TRAIL SUITE 360 BOCA RATON FL 33431

2. Principal Place of Business 3. Mailing Address
7100 W CAMINO REAL SUITE 117
7100 W CAMINO REAL SUITE 117

City & State City & State
BOCA RATON, FL BOCA RATON, FL
 Zip Country Zip Country
33433 USA 33433 USA

4. FEI Number **20-0493372** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
SIMON, ERIC A
2825 UNIVERSITY DRIVE SUITE 300
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL W. ASFAHL
STREET ADDRESS	2700 N. MILITARY TRAIL #360
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS NOONAN
STREET ADDRESS	2700 N. MILITARY TRAIL #360
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBECCA GISMONDI
STREET ADDRESS	2700 N. MILITARY TRAIL #360
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Paul Asfahl* *Paul Asfahl* *April 4, 2004* *561-362-7444*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #