


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
05 APR -8 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N03000005025</b> 1. Entity Name <b>CEDAR CREEK RANCH ASSOCIATION, INC.</b>	
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Principal Place of Business <b>7100 W CAMINO REAL STE 117 BOCA RATON, FL 33433</b>	Mailing Address <b>7100 W CAMINO REAL STE 117 BOCA RATON, FL 33433</b>
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2. Principal Place of Business <b>6801 Lake Worth Road</b>	3. Mailing Address <b>6801 Lake Worth Road</b>
Suite, Apt. #, etc. <b>Suite 104</b>	Suite, Apt. #, etc. <b>Suite 104</b>

City & State <b>Lake Worth, FL</b>	City & State <b>Lake Worth, FL</b>
Zip <b>33467</b>	Country <b>U.S.</b>



03302005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>20-0493372</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SIMON, ERIC A**  
**2825 UNIVERSITY DRIVE SUITE 300**  
**CORAL SPRINGS, FL 33065**

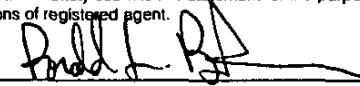
**7. Name and Address of New Registered Agent**

Name  
**Ronald L. Bornstein, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**6650 West Indiantown Road, Suite 200**

City  
**Jupiter** **FL** Zip Code  
**33458**

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  **Ronald L. Bornstein, Esq.** **3/30/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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**10. OFFICERS AND DIRECTORS**

TITLE	PD	ASFAHL, PAUL W	<input checked="" type="checkbox"/> Delete
NAME		2700 N MILITARY TRAIL # 360	
STREET ADDRESS		BOCA RATON, FL 33431	
CITY-ST-ZIP			
TITLE	VST	NOONAN, DENNIS	<input checked="" type="checkbox"/> Delete
NAME		2700 N MILITARY TRAIL # 360	
STREET ADDRESS		BOCA RATON, FL 33431	
CITY-ST-ZIP			
TITLE	VD	GISMONDI, REBECCA	<input checked="" type="checkbox"/> Delete
NAME		2700 N MILITARY TRAIL # 360	
STREET ADDRESS		BOCA RATON, FL 33431	
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	P/D	Brady Myers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6801 Lake Worth Road, Suite 104	
STREET ADDRESS		Lake Worth, FL 33467	
CITY-ST-ZIP			
TITLE	V/T/D	Stan Berla	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6801 Lake Worth Road, Suite 104	
STREET ADDRESS		Lake Worth, FL 33467	
CITY-ST-ZIP			
TITLE	S/D	Diane Garra	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6801 Lake Worth Road, Suite 104	
STREET ADDRESS		Lake Worth, FL 33467	
CITY-ST-ZIP			
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:  **STAN BERLA** **3/20/05** **(813) 988-8571**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #