
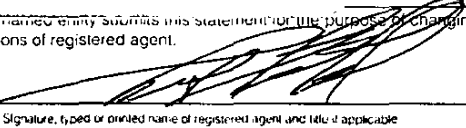
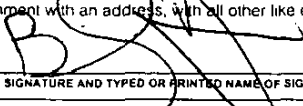


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-01-2006 90383 031 ****61.25

DOCUMENT # N03000005025			
1. Entity Name CEDAR CREEK RANCH ASSOCIATION, INC.			
Cedar Creek Ranch Association			
Principal Place of Business 6801 LAKE WORTH ROAD STE 104 LAKE WORTH, FL 33467	C/O CMC Management, Inc. 2994 Jog Rd. Suite B Lake Worth, FL 33467	ROAD 13467	
2. Principal Place of Business		3. Mailing Address 2994 Jog Road Suite, Apt. #, etc. Suite B City & State Greenacres Zip FL Country Palm Beach	
Suite, Apt. #, etc.		City & State	
City & State		4. FEI Number 20-0493372	
Zip		Applied For Not Applicable	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Scot Gerrish CMC Management, Inc. 2994 Jog Rd., Suite B Lake Worth, FL 33467		7. Name and Address of New Registered Agent Name Scot A. Gerrish Street Address (P.O. Box Number is Not Acceptable) 2994 Jog Road, Suite B City Greenacres FL Zip Code 33467	
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		Scot A. Gerrish May 4, 2006 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, BRADY 6801 LAKE WORTH RD STE 104 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAURA KRISTOV 4168 CEDAR CREEK RANCH Cir. LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BERLA, STAN 6801 LAKE WORTH ROAD STE 104 LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONITA RUSZYK (BAZARI) 4120 CEDAR CREEK RANCH Cir. LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECT.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARRA, DIANE 6801 LAKE WORTH ROAD STE 104 LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PATRICK ZEITZ 4193 CEDAR CREEK RANCH Cir. LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SHARON Dellinger 4199 CEDAR CREEK RANCH Cir. LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRADY Myers 4187 CEDAR CREEK RANCH Cir. LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		BRADY MYERS Date 4/27/06 Daytime Phone # 561-662-8997	

