

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000001697**

1. Entity Name

**CEDAR RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION**

Principal Place of Business

P.O. BOX 3372  
BOYNTON BEACH FL 33426

Mailing Address

P.O. BOX 3372  
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0739784**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSA, STEVE**  
**17 PEPPERWOOD COURT**  
**BOYNTON BEACH FL 33426**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **ROSA, STEVE**  
STREET ADDRESS **17 PEPPERWOOD COURT**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **GRANOWITZ, TIM**  
STREET ADDRESS **24 PEPPERWOOD COURT**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Delete  
NAME **RAPP, SUZI**  
STREET ADDRESS **3 OAKWOOD COURT**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2001

Date

91-686-1110

Daytime Phone #

FILED  
01 AUG -2 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/20/01 90003005 \$61.25

CR2037 (5/01)