

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91117 001 ****61.25

DOCUMENT # N95000001697

1. Entity Name

CEDAR RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 3372 BOYNTON BEACH FL 33426	Mailing Address P.O. BOX 3372 BOYNTON BEACH FL 33426
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 65-0739784	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSA, STEVE
17 PEPPERWOOD COURT
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name: **Joseph Basile**
 Street Address (P.O. Box Number is Not Acceptable): **5 OAKWOOD CT**
Boynton Beach
 City: **FL** Zip Code: **33426**

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]* **Pres. Joseph Basile** DATE: **4/28/02**

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: ROSA, STEVE STREET ADDRESS: 17 PEPPERWOOD COURT CITY-ST-ZIP: BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: GRANOWITZ, TIM STREET ADDRESS: 24 PEPPERWOOD COURT CITY-ST-ZIP: BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: RAPP, SUZI STREET ADDRESS: 3 OAKWOOD COURT CITY-ST-ZIP: BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: Basile, Joseph STREET ADDRESS: 5 Oakwood Ct CITY-ST-ZIP: Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: Carmichael, Gary STREET ADDRESS: 6 Redwood Ct CITY-ST-ZIP: Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: Garlinghouse, Patricia STREET ADDRESS: 8 Redwood Ct CITY-ST-ZIP: Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 info empowered.

SIGNATURE: *[Signature]* DATE: **4/28/02** DAYTIME PHONE #: **561-582-6929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)