2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001697

FILED Apr 27, 2004 Secretary of State

Entity Name: CEDAR RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

P.O. BOX 3372 BOYNTON BEACH, Current Mailing Ac		901 NORT SUITE 108 WEST PAL	_M BEACH, FL 33407	
BOYNTON BEACH, Current Mailing Ac P.O. BOX 3372 BOYNTON BEACH,		SUITE 108 WEST PAL	, _M BEACH, FL 33407	
P.O. BOX 3372 BOYNTON BEACH	ddress:	New Maili	na Δddress:	
BOYNTON BEACH			New Mailing Address:	
El Number: 65-073978	P.O. BOX 3372 BOYNTON BEACH, FL 33426		901 NORTHPOINT PARKWAY SUITE 108 WEST PALM BEACH, FL 33407	
	FEI Number Applied For () FEI Nu	mber Not Appl	licable () Certificate of Status Desired ()	
Name and Address	s of Current Registered Agent:	Name and	Address of New Registered Agent:	
BASILE, JOSEPH OAKWOOD CT BOYNTON BEACH The above named e In the State of Florid	ntity submits this statement for the purpose o	of changing i	ts registered office or registered agent, or both,	
SIGNATURE:				
	ectronic Signature of Registered Agent		Date	
OFFICERS AND D	RECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Fitle: PD Name: BASILE, Address: 5 OAKW Dity-St-Zip: BOYNTO		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Address: 7 REDW	() Delete , KEMPER OOD CT N BEACH, FL 33426	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition LAUREE, KEMPER 7 REDWOOD CT BOYNTON BEACH, FL 33426	
Address: 8 REDW	() Delete BHOUSE, PATRICIA OOD CT N BEACH, FL 33426	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Jame: Address: Dity-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SD () Change (X) Addition KING, MIKE 10 REDWOOD COURT BOYNTON BEACH, FL 33426	
Γitle: Name: Address:	() Delete	Title: Name: Address:	D () Change (X) Addition BAWDEN, STEVE 30 MAPLEWOOD COURT	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH BASILE PD 04/27/2004