


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90009 042 ****61.25

DOCUMENT # N95000001697	
1. Entity Name CEDAR RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 901 NORTHPOINT PARKWAY SUITE 108 WEST PALM BEACH, FL 33407	Mailing Address 901 NORTHPOINT PARKWAY SUITE 108 WEST PALM BEACH, FL 33407
---	---

40025787



2. Principal Place of Business 901 Northpointe Pkwy Suite, Apt. #, etc. 307	3. Mailing Address 901 Northpointe Pkwy Suite, Apt. #, etc. 307
--	--

01112006 Chg-NP CR2E037 (11/05)

City & State West Palm Bch, FL	City & State West Palm Bch, FL	4. FEI Number 65-0739784	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33407	Country USA	Zip 33407	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASILE, JOSEPH
 5 OAKWOOD CT
 BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, MIKE <input checked="" type="checkbox"/> Delete 10 REDWOOD COURT BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete GRANOWITZ, TIMOTHY 24 PEPPERWOOD CT BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete LENGEL, VICKIE 11 REDWOOD CT BOYNTON BEACH, FL 33426
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 NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Underwood, Danny 28 maplewood Ct Boynton Beach, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Seike, Joel 51 Redwood Court Boynton Beach, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lamer, Tiffany 16 Pepperwood Ct Boynton Bch, FL 33426
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 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: Timothy J. Granowitz 2/27/2006 561 2713318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #