

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90036 031 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                  |                                                                                                 |                                                                                   |                                                                              |
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| <b>DOCUMENT # N97000004101</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                  |                                                                                                 |  |                                                                              |
| <b>1. Entity Name</b><br>CEDAR RIDGE TOWNHOMES ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                                  |                                                                                                 |                                                                                   |                                                                              |
| <b>Principal Place of Business</b><br>7000 HIGH RIDGE RD.<br>LANTANA, FL 33462-5006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                                  | <b>Mailing Address</b><br>C/O MM<br>901 NORTHPOINT PARKWAY #108<br>WEST PALM BEACH, FL 33407 US |                                                                                   |                                                                              |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                                  | <b>3. Mailing Address</b>                                                                       |                                                                                   |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                                  | Suite, Apt. #, etc.                                                                             |                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                                  | City & State                                                                                    |                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | Country                                                                          |                                                                                                 | Zip                                                                               |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | Country                                                                          |                                                                                                 | 4. FEI Number<br><b>65-0897569</b>                                                |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                                                  |                                                                                                 | Applied For<br>Not Applicable                                                     |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                  |                                                                                                 | 7. Name and Address of New Registered Agent                                       |                                                                              |
| SKRLD, INC.<br>201 ALHAMBRA CIRCLE<br>SUITE 1102<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                                  |                                                                                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |                                                                              |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                                  |                                                                                                 | FL Zip Code                                                                       |                                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                  |                                                                                                 |                                                                                   |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                 | <b>\$5.00 May Be Added to Fees</b>                                                |                                                                              |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                  |                                                                                                 |                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                    |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>FAWLEY, ANTONIA<br>215 ELM WAY<br>BOYNTON BEACH, FL 33426  | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  | Secretary<br>Judy Immer<br>344 Spruce St<br>Boynton Beach FL 33426                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>WILLIAMS, SEAN<br>134 SPRUCE ST<br>BOYNTON BEACH, FL 33426 | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  | Henry Ostaszewski<br>146 Spruce St<br>Boynton Beach FL 33426                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>VEAL, MELISSA<br>305 SPRUCE ST<br>BOYNTON BEACH, FL 33426   | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  | TLO<br>Camille martin<br>348 Spruce St<br>Boynton Beach FL 33426                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>HALL, J. CATHI<br>330 SPRUCE ST<br>BOYNTON BEACH, FL        | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  | Helena Bresnahan<br>125 Spruce St<br>Boynton Beach FL 33426                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                  |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |                                                                  |                                                                                  |                                                                                                 |                                                                                   |                                                                              |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                  | 1/16/05 _____                                                                                   |                                                                                   |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                                  | Date Daytime Phone #                                                                            |                                                                                   |                                                                              |

**50004042**



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