

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90210 037 \*\*\*\*61.25



**DOCUMENT # N97000004102**

1. Entity Name  
**CEDAR RIDGE COMMUNITY ASSOCIATION, INC.**

00080024



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7000 HIGH RIDGE RD. LANTANA FL 33462-5006  
 Mailing Address: C/O CMD MGT. INC. 3082 JOG ROAD LAKE WORTH FL 33467-2053

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: c/o MMI  
 Suite, Apt. #, etc.: 1860 Old Okeechobee Rd. #510  
 City & State: WPB, FL  
 Zip: 33409 Country: USA

4. FEI Number: NOT APPLICABLE  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROSENTHAL, DAVID C  
 C/O CMD MANAGEMENT, INC.  
 3082 JOG ROAD  
 LAKE WORTH FL 33467

7. Name and Address of New Registered Agent  
 Name: SKRLD, Inc.  
 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, Suite 1102  
 City: Coral Gables FL Zip Code: 33134

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: SKRLD, Inc. by Lisa A. Lerner, Secretary, 8/14/00  
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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BASILE, JOSEPH F JR. 5 OAKWOOD CT. LANTANA FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRICH, JEFFREY S 1121 SW 18TH AVE. BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FARIS, DAVID L 511 S. BROADWAY LANTANA FL 33462	<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 NAME STREET ADDRESS CITY-ST-ZIP	P/D Stiegele, Robert 1860 Old Okeechobee Road, Suite 510 West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Daddiro, Thomas 1860 Old Okeechobee Road, Suite 510 West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Rabin, Michael 1860 Old Okeechobee Road, Suite 510 West Palm Beach, FL 33409	<input 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 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: *MICHAEL RABIN* 8/14/00 361-686-7818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)