

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 18, 2006
Secretary of State

DOCUMENT# N98000000839

Entity Name: CEDAR RIDGE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1540 BARBARA'S PLACE
FERNANDINA BEACH, FL 32034**New Principal Place of Business:**1527 BARBARA'S PLACE
FERNANDINA BEACH, FL 32034**Current Mailing Address:**1540 BARBARA'S PLACE
FERNANDINA BEACH, FL 32034**New Mailing Address:**1527 BARBARA'S PLACE
FERNANDINA BEACH, FL 32034**FEI Number:** 59-3524727**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRIDGES, GEORGE A
1540 BARBARA'S PLACE
FERNANDINA BEACH, FL 32034 US**Name and Address of New Registered Agent:**SANFORD, JOYCE S
1516 BARBARA'S PLACE
FERNANDINA BEACH, FL 32034 US

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: JOYCE S.SANFORD

04/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SANFORD, ROGER L
Address: 1516 BARBARA'S PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034**Title:** VPD () Delete
Name: BRIDGES, GEORGE A
Address: 1516 BARBARA'S PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034**Title:** TSD () Delete
Name: SANFORD, JOYCE S
Address: 1516 BARBARA'S PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: MCCORD, PAUL
Address: 1527 BARBARA'S PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034**Title:** VPD (X) Change () Addition
Name: MCCORD, PAUL
Address: 1527 BARBARA'S PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034**Title:** STD (X) Change () Addition
Name: MCCORD, CYNTHIA A
Address: BARBARA'S PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAUL MCCORD

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date