## 2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000004242

Entity Name: CEDAR RIDGE AT AUTUMN WOODS CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O ANCHOR ASSOCIATES, INC. 3940 RADIO ROAD SUITE 112 NAPLES, FL 34104

## **Current Mailing Address:**

C/O ANCHOR ASSOCIATES, INC. 3940 RADIO ROAD SUITE 112 NAPLES, FL 34104 US

FEI Number: 59-3656934 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ANCHOR ASSOCIATES, INC. C/O ANCHOR ASSOCIATES, INC. 3940 RADIO ROAD SUITE 112 NAPLES, FL 34104 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:

City-State-Zip:

Electronic Signature of Registered Agent Date

**FILED** 

Jul 19, 2017

Secretary of State CC9958473806

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name MANDATO, AUDREY Name BARRASSO, GAIL

Address C/O ANCHOR ASSOCIATES, INC. Address C/O ANCHOR ASSOCIATES, INC. 3940 RADIO ROAD SUITE 112 3940 RADIO ROAD SUITE 112

NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

TitleTREASURERTitleDIRECTORNameRICHARDS, ROSENameKAPP, JAMES

Address C/O ANCHOR ASSOCIATES, INC. Address C/O ANCHOR ASSOCIATES, INC.

3940 RADIO ROAD SUITE 112 3940 RADIO ROAD SUITE 112

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

I hereby 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 all other like empowered.

SIGNATURE: AUDREY MANDATO PRESIDENT 07/19/2017