

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004242

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC9328269878**

**Entity Name:** CEDAR RIDGE AT AUTUMN WOODS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O COMPASS GROUP  
4851 TAMIAMI TRAIL N STE 400  
NAPLES, FL 34103

**Current Mailing Address:**

C/O COMPASS GROUP  
4851 TAMIAMI TRAIL N STE 400  
NAPLES, FL 34103 US

**FEI Number: 59-3656934**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COHEN & GRIGSBY, P.C.  
9110 STRADA PLACE  
STE 6200  
NAPLES, FL 34108 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: ANDREW HIIYARD**

**04/29/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MANDATO, AUDREY  
Address        C/O COMPASS GROUP  
                  4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title            VP  
Name            HESS, KEN  
Address        C/O COMPASS GROUP  
                  4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title            TREASURER  
Name            RICHARDS, ROSE  
Address        C/O COMPASS GROUP  
                  4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title            SECRETARY  
Name            BARRASSO, GAIL  
Address        C/O COMPASS GROUP  
                  4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title            DIRECTOR  
Name            KAPP, JIM  
Address        4851 NORTH TAMIAMI TRAIL  
                  STE 400  
City-State-Zip: NAPLES FL 34103

*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**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date