

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004393

**Entity Name:** CEDAR RIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

SHEILA LYNN COURT  
DADE CITY, FL 33525

**Current Mailing Address:**

POST OFFICE BOX 2571  
DADE CITY, FL 33526-2571

**FEI Number: 26-0360682**

**Certificate of Status Desired: No**

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

JOHNSTON, SARAH MRS  
13249 SUMMERFIELD WAY  
DADE CITY, FL 33525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOHNSTON, MICHAEL  
Address 13249 SUMMERFIELD WAY  
City-State-Zip: DADE CITY FL 33525

Title V  
Name KERSEY, LUCILLE  
Address 37130 JANET CIRCLE  
City-State-Zip: DADE CITY FL 33525

Title T  
Name JOHNSTON, SARAH  
Address 13249 SUMMERFIELD WAY  
City-State-Zip: DADE CITY FL 33525

*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: SARAH JOHNSTON**

**TREASURER**

**04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date