

2024 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 CIT Y 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

04/07/2024

Electronic Signature of Signing Officer/Director Detail

Date