

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737340** (0)

1. Corporation Name

CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2201 CEDARWOOD AVE.
PEMBROKE PINES FL 33026

2201 CEDARWOOD AVE.
PEMBROKE PINES FL 33026



3. Date Incorporated or Qualified
11/19/1976

3a. Date of Last Report
01/27/1995

4. FEI Number

59-1835877

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, HOWARD S
4030-C SHERIDAN ST.
HOLLYWOOD FL 33021**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLER, JOSEPH	
STREET ADDRESS	2220 BUTTONWOOD AVE	
CITY-ST-ZIP	P. PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DECILLIS, ANTHONY	
STREET ADDRESS	1770 ACORN LANE	
CITY-ST-ZIP	P. PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHAFFER, DELBERT	
STREET ADDRESS	2200 BUTTONWOOD AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VOLKER, LEO	
STREET ADDRESS	3211 WALNUT CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENLEY, MURPHY	
STREET ADDRESS	2341 ELM CT	
CITY-ST-ZIP	PEMBROKE PI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAST, RICHARD	
STREET ADDRESS	10420 BUTTONWOOD AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Missacker, NE
1.4 CITY-ST-ZIP	10450 Buttonwood Ave P. Pines FL 33022
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Lockhard Doug
2.4 CITY-ST-ZIP	1930 Sea Grape Ave P-Pines FL 33026
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph Keller President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 432-8091
Date Daytime Phone #

CR2E037 (12/95)