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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737340

1. Corporation Name

CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, IN
C.

388421 - 90130 - 46 1 *

Principal Place of Business

2201 CEDARWOOD AVE.
PEMBROKE PINES FL 33026

Mailing Address

2201 CEDARWOOD AVE.
PEMBROKE PINES FL 33026



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/19/1976

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

9. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME DELEON, JULIA
STREET ADDRESS 2361 PEACH COURT
CITY-ST-ZIP PEMBROKE LAKES FL 33026

TITLE T D ☐ DELETE

NAME GRANT, RICHARD
STREET ADDRESS 10320 FERN COURT
CITY-ST-ZIP PEMBROKE LAKES FL 33026

TITLE S D ☒ DELETE

NAME VERGA, VITO
STREET ADDRESS 1950 SEAGRAPE AVE
CITY-ST-ZIP PEMBROKE LAKES FL 33026

TITLE VPD ☒ DELETE

NAME HOFFACKER, NEVIN
STREET ADDRESS 10450 BUTTONWOOD AVENUE
CITY-ST-ZIP PEMBROKE LAKES FL 33026

TITLE D ☒ DELETE

NAME CHASSE, ALBERT
STREET ADDRESS 10750 HICKORY AVENUE
CITY-ST-ZIP PEMBROKE LAKES FL 33026

TITLE D ☒ DELETE

NAME SMITH, GREGORY
STREET ADDRESS 2251 WALNUT COURT
CITY-ST-ZIP PEMBROKE LAKES FL 33026

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME GRANT, RICHARD
1.3 STREET ADDRESS 10320 FERN COURT
1.4 CITY-ST-ZIP PEMBROKE LAKES FL 33026

2.1 TITLE VPD ☐ Change ☒ Addition

2.2 NAME FEAR, JULIE
2.3 STREET ADDRESS 2261 DOGWOOD COURT
2.4 CITY-ST-ZIP PEMBROKE LAKES FL 33026

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME CATZ, IRA
3.3 STREET ADDRESS 2240 BUTTONWOOD AVENUE
3.4 CITY-ST-ZIP PEMBROKE LAKES FL 33026

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME TURNER, CAROL
4.3 STREET ADDRESS 10281 E. CYPRESS COURT
4.4 CITY-ST-ZIP PEMBROKE LAKES FL 33026

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME HOBART, KAREN
5.3 STREET ADDRESS 10171 OLEANDER COURT
5.4 CITY-ST-ZIP PEMBROKE PINES FL 33026

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME FRIEDMAN, LINDA
6.3 STREET ADDRESS 10330 LAUREL COURT
6.4 CITY-ST-ZIP PEMBROKE LAKES FL 33026

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

954 462 7287
Daytime Phone #

CR2E037-(11/98)