

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 05, 2005  
Secretary of State**

DOCUMENT# N04000006857

**Entity Name:** CEDAR WOODS HOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1569 NW 82 AVENUE  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

1569 NW 82 AVENUE  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 43-1973599      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MARS, GARY M ESQ.  
MUSEUM TOWER - 27TH FLOOR  
150 WEST FLAGLER STREET  
MIAMI, FL 33130 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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DOUZOGLOU, JUAN  
Address: 1569 NW 82 AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: RAMIREZ, ABEL  
Address: 1569 NW 82 AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Delete  
Name: CHAR, AIDA  
Address: 1569 NW 82 AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: ABEL RAMIREZ

VD

07/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date