
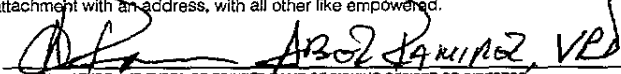


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000006857				
1. Entity Name CEDAR WOODS HOMES CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business 1569 NW 82 AVENUE MIAMI, FL 33126		Mailing Address 1569 NW 82 AVENUE MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
MARS, GARY M ESQ. MUSEUM TOWER - 27TH FLOOR 150 WEST FLAGLER STREET MIAMI, FL 33130		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City	FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUZOGLOU, JUAN	NAME		
STREET ADDRESS	1569 NW 82 AVENUE	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMIREZ, ABEL	NAME		
STREET ADDRESS	1569 NW 82 AVENUE	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAR, AIDA	NAME		
STREET ADDRESS	1569 NW 82 AVENUE	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: 		Date: 4/27/06	Daytime Phone #: 305-242-7176	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number **20-2033329** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

U00000562029
05/19/06-80039-004 61.25