


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90174 047 ****61.25

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

40080304



2. Principal Place of Business
13800 SW 144 Av. Rd
 Suite, Apt. #, etc.

3. Mailing Address
13800 SW 144 Av. Rd
 Suite, Apt. #, etc.
Miami, FL

03062007 Chg-NP CR2E037 (12/06)

City & State
Miami, FL 33086

City & State
Miami, FL 33186

Zip
33186 Country
Dade/USA

Zip
33186 Country
Dade/USA

4. FEI Number
20-2033329

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MARS, GARY M ESC
MUSEUM TOWER - 27TH FLOOR
150 WEST FLAGLER STREET
MIAMI, FL 33130

7. Name and Address of New Registered Agent
 Name
C/O Land Cap Property Services
 Street Address (P.O. Box Number is Not Acceptable)
13800 SW 144 Av. Rd.
 City
Miami FL Zip Code
33186

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 **Steph Sst** **stephensuits** **4/20/07**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOUZOGLOU, JUAN 1569 NW 82 AVENUE MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Zufriategui, Miriam 13978 SW 260 ST # 104 Homestead, FL 33032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, ABEL 1569 NW 82 AVENUE MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fernandez, Ignacio 13974 SW 260 ST # 104 Homestead, FL 33032 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHAR, AIDA 1569 NW 82 AVENUE MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD Sanchez, Luis 14116 SW 260 ST # 101 Homestead, FL 33032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **[Signature]** **President** **786 663-4250**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #