

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90026 029 ****61.25

DOCUMENT # N04000006857

1. Entity Name
CEDAR WOODS HOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**13800 SW 144 AVE RD
 MIAMI, FL 33186**

Mailing Address
**13800 SW 144 AVE RD
 MIAMI, FL 33186**



01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2033329	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAND CAP PROPERTY SERVICES
13800 SW 144 AVE RD
MIAMI, FL 33186

NO change

7. Name and Address of New Registered Agent
 Name **Land Cap Property Services**
 Street Address (P.O. Box Numbers Not Acceptable)
13800 SW 144 Ave 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: Stephen Suits
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

TITLE NAME PD ZUFRIATEGUI, MIRIAM STREET ADDRESS 13978 SW 260 ST 104 CITY-ST-ZIP HOMESTEAD, FL 33032	<input type="checkbox"/> Delete
TITLE NAME VP FERNANDEZ, IFNACIO STREET ADDRESS 13974 SW 2600 ST 104 CITY-ST-ZIP HOMESTEAD, FL 33032	<input checked="" type="checkbox"/> Delete
TITLE NAME TD SANCHEZ, LUIS STREET ADDRESS 14116 SW 260 ST 101 CITY-ST-ZIP HOMESTEAD, FL 33032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD Miriam Zufriategui STREET ADDRESS 13978 SW 260 ST #104 CITY-ST-ZIP Homestead FL 33032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VP Evelyn Fernandez STREET ADDRESS 14036 SW 260 ST #101 CITY-ST-ZIP Homestead FL 33032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD Ramon Narvaez STREET ADDRESS 14024 SW 260 ST #102 CITY-ST-ZIP Homestead FL 33032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Evelyn Fernandez 4/5/08 305-258-0578
Signature and typed or printed name of signing officer or director Date