

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 10

DOCUMENT # **737340** (0)  
1. Corporation Name  
**CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, IN C.**

Principal Place of Business Mailing Address  
**2201 CEDARWOOD AVE. PEMBROKE PINES FL 33026** **2201 CEDARWOOD AVE. PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1976** 3a. Date of Last Report **06/13/1994**  
4. FEI Number **59-1835877** Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>MILLER, HOWARD S 4030-C SHERIDAN ST. HOLLYWOOD FL 33021</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <b>FL</b> B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD DECILLIS, ANTHONY 1770 ACORN LANE PEMBROKE PINES, FL 00000</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Keller, Joseph PD 2220 Buttonwood Ave P. Pines FL 33026</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD BARTHE, TED 10470 BUTTONWOOD AVE PEMBROKE FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DeCillis Anthony 1770 Acorn Lane P. Pines FL 33026</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD SHAFFER, DELBERT 2200 BUTTONWOOD AVE PEMBROKE PINES FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD VOLKER, LEO 3211 WALNUT CT PEMBROKE PINES FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KELDER, JOE 2210 BUTTONWOOD AVE PEMBROKE PINES FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Handley Murphy 2341 Elm Ct Pembroke Pines FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MAST, RICHARD 10420 BUTTONWOOD AVE. PEMBROKE PINES FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information I applied with this filing is a true and correct statement of the facts and that I am an officer or director of the corporation 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 and that my signature shall have the same legal effect as if made under oath; and that my name appears in Block 12 or Block 13 if changed, or both, in accordance with the address.

SIGNATURE: *Joe Holland* *Leo Volker* **1/20/95 (305) 432 8091**  
SIGNATURE OF REGISTERED OFFICER OR DIRECTOR (Typed Name)