

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **737340** (0)

1. Corporation Name
CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **11/19/1976**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number: **59-1835877**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MILLER, HOWARD S
4030-C SHERIDAN ST.
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KELLER, JOSEPH 2220 BUTTONWOOD AVE P. PINES FL	1.1 TITLE	D Nissacker, NE
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	10450 Button Wood Ave
CITY-ST-ZIP		1.4 CITY-ST-ZIP	P-Pines Fl 33022
TITLE	D DECILLIS, ANTHONY 1770 ACORN LANE P. PINES FL	2.1 TITLE	D Lockhard Doug
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	1430 Sea Grape Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	P-Pines Fl 33026
TITLE	TD SHAFFER, DELBERT 2200 BUTTONWOOD AVE PEMBROKE PINES FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD VOLKER, LEO 3211 WALNUT CT PEMBROKE PINES FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HENLEY, MURPHY 2341 ELM CT PEMBROKE PI	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MAST, RICHARD 10420 BUTTONWOOD AVE. PEMBROKE PINES FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Keller President*
DATE: **2-28-96**
PHONE: **432-8091**

CR2E037 (12/95)