

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 10 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 737340 (0)

1. Corporation Name
 CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, IN C.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/19/1976		03/05/1996	
22		27		4. FEI Number		<input checked="" type="checkbox"/> Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1835877		<input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes		<input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLER, HOWARD S 4030-C SHERIDAN ST. HOLLYWOOD FL 33021				81 Name			
				SKRLD, Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				301 ALHAMBRA CIRCLE, STA 1102			
				83			
				84 City			
				Coral Gables			
				FL			
				85 Zip Code			
				33134			

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 the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: SKRLD, Inc. by Lisa A. Lerner *Lisa A. Lerner* Secretary 8/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KELLER, JOSEPH	1.2 NAME	JULIA DELGON
STREET ADDRESS	2220 BUTTONWOOD AVE	1.3 STREET ADDRESS	2361 Peach Ct.
CITY-ST-ZIP	P. PINES FL	1.4 CITY-ST-ZIP	Pembroke Lakes, FL 33026
TITLE	D	2.1 TITLE	TD
NAME	LOCKHARD, DOUG	2.2 NAME	Richard Grant
STREET ADDRESS	8430 SEA GRAPE AVENUE	2.3 STREET ADDRESS	10320 Fern Court
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Pembroke Lakes, FL 33026
TITLE	TD	3.1 TITLE	SD
NAME	SHAFFER, DELBERT	3.2 NAME	DOUG LOCKHARD
STREET ADDRESS	2200 BUTTONWOOD AVE	3.3 STREET ADDRESS	8430 SEA GRAPE AVE.
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	Pembroke Lakes, FL 33026
TITLE	SD	4.1 TITLE	D
NAME	VOLKER, LEO	4.2 NAME	NEVIN HOFFACKER
STREET ADDRESS	3211 WALNUT CT	4.3 STREET ADDRESS	10450 Buttonwood Ave.
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	Pembroke Lakes, FL 33026
TITLE	D	5.1 TITLE	D
NAME	HENLEY, MURPHY	5.2 NAME	VITO VARGA
STREET ADDRESS	2341 ELM CT	5.3 STREET ADDRESS	1950 Seagrap Av.
CITY-ST-ZIP	PEMBROKE PI	5.4 CITY-ST-ZIP	Pembroke Lakes, FL 33026
TITLE	D	6.1 TITLE	D
NAME	MAST, RICHARD	6.2 NAME	GREGORY SMITH
STREET ADDRESS	10420 BUTTONWOOD AVE.	6.3 STREET ADDRESS	2251 Walnut Ct.
CITY-ST-ZIP	PEMBROKE PINES FL	6.4 CITY-ST-ZIP	Pembroke Lakes, FL 33026

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* SIGNATURE REQUIRED 7/21/97 61.25 DEP

CR2E037 (4/97)