

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 22 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
|--|---|



| | |
|--------------------------------------|-------------------------------|
| 2 Principal Place of Business | 2a Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | | |
|---|---|--|
| 3. Date Incorporated or Qualified 11/19/1976 | | |
| 4. FEI Number 59-1835877 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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

**SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

| | | |
|--|-----------|--------------------|
| 81 Name | | |
| 82 Street Address (P.O. Box Number Is Not Acceptable) | | |
| 83 | | |
| 84 City | FL | 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) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P D <input type="checkbox"/> DELETE |
| NAME | DELON, JULIA |
| STREET ADDRESS | 2361 PEACH COURT |
| CITY-ST-ZIP | PEMBROKE LAKES FL 33026 |
| TITLE | T D <input type="checkbox"/> DELETE |
| NAME | GRANT, RICHARD |
| STREET ADDRESS | 10320 FERN COURT |
| CITY-ST-ZIP | PEMBROKE LAKES FL 33026 |
| TITLE | S D <input checked="" type="checkbox"/> DELETE |
| NAME | LOCKHARD, DAVE |
| STREET ADDRESS | 8430 SEAGRAPE AVENUE |
| CITY-ST-ZIP | PEMBROKE LAKES FL 33026 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | HOFFACKE, NEVIN |
| STREET ADDRESS | 10450 BUTTWOOD AVENUE |
| CITY-ST-ZIP | PEMBROKE LAKES FL 33026 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | VARGA, VITO |
| STREET ADDRESS | 1950 SEAGRAPE AVENUE |
| CITY-ST-ZIP | PEMBROKE LAKES FL 33026 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SMITH, GREGORY |
| STREET ADDRESS | 2251 WALNUT COURT |
| CITY-ST-ZIP | PEMBROKE LAKES FL 33026 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DE LEON, JULIA |
| 1.3 STREET ADDRESS | 2361 PEACH COURT |
| 1.4 CITY-ST-ZIP | PEMBROKE LAKES FL 33026 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VERGA, VITO |
| 3.3 STREET ADDRESS | 1950 SEAGRAPE AVENUE |
| 3.4 CITY-ST-ZIP | PEMBROKE LAKES FL 33026 |
| 4.1 TITLE | VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | HOFFACKER, NEVIN |
| 4.3 STREET ADDRESS | 10450 BUTTWOOD AVENUE |
| 4.4 CITY-ST-ZIP | PEMBROKE LAKES FL 33026 |
| 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | CHASSE, ALBERT |
| 5.3 STREET ADDRESS | 10750 HICKORY AVENUE |
| 5.4 CITY-ST-ZIP | PEMBROKE LAKES, FL 33026 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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: *FRANK IGRETTA* **1-6-98** **954-432-8091**

CR2E037 (10/97)