

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90130 046 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 737340**

1. Corporation Name

**CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, IN C.**

388421 - 90130 - 46 1 \*

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		3. Date Incorporated or Qualified	
21		26		11/19/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1835877	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
Country		Country		<input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEON, JULIA	1.2 NAME	GRANT, RICHARD
STREET ADDRESS	2361 PEACH COURT	1.3 STREET ADDRESS	10320 FERN COURT
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	1.4 CITY-ST-ZIP	PEMBROKE LAKES FL 33026
TITLE	T D <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, RICHARD	2.2 NAME	FEAR, JULIE
STREET ADDRESS	10320 FERN COURT	2.3 STREET ADDRESS	2261 DOGWOOD COURT
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	2.4 CITY-ST-ZIP	PEMBROKE LAKES FL 33026
TITLE	S D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERGA, VITO	3.2 NAME	CATZ, IRA
STREET ADDRESS	1950 SEAGRAPE AVE	3.3 STREET ADDRESS	2240 BUTTONWOOD AVENUE
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	3.4 CITY-ST-ZIP	PEMBROKE LAKES FL 33026
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFACKER, NEVIN	4.2 NAME	TURNER, CAROL
STREET ADDRESS	10450 BUTTONWOOD AVENUE	4.3 STREET ADDRESS	10281 E. CYPRESS COURT
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	4.4 CITY-ST-ZIP	PEMBROKE LAKES FL 33026
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHASSE, ALBERT	5.2 NAME	HOBART, KAREN
STREET ADDRESS	10750 HICKORY AVENUE	5.3 STREET ADDRESS	10171 OLEANDER COURT
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	5.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, GREGORY	6.2 NAME	FRIEDMAN, LINDA
STREET ADDRESS	2251 WALNUT COURT	6.3 STREET ADDRESS	10330 LAUREL COURT
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	6.4 CITY-ST-ZIP	PEMBROKE LAKES FL 33026

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99  
Date

954 462 7287  
Daytime Phone #

CR2E037-(11/198)