
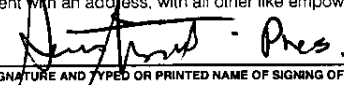


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90024 026 ****61.25

DOCUMENT # 738257 1. Entity Name VILLAGE OF CEDARWOOD ASSOCIATION, INC.					
Principal Place of Business C/O HAWK-EYE MANAGEMENT, INC. 3901 NORTH FEDERAL HWY, SUITE 202 BOCA RATON, FL 33431				Mailing Address C/O HAWK-EYE MANAGEMENT, INC. 3901 NORTH FEDERAL HWY, SUITE 202 BOCA RATON, FL 33431	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2073187				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTI, PAUL 3901 NORTH FEDERAL HIGHWAY, SUITE 202 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEMPEL, STEWART 7589 CEDARWOOD CIRCLE BOCA RATON, FL 33434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD KAPLAN, MARVIN 7204 CEDARWOOD CIRCLE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIESENTHAL, MYLES 7639 CEDARWOOD CIRCLE BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2VD BLAND, ARTHUR 7660 CEDARWOOD CIRCLE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPANIER, IRVING 7627 CEDARWOOD CIRCLE BOCA RATON, FL 33434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD HANDMAN, EDGAR 7581 CEDARWOOD CIRCLE BOCA RATON, FL 33434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD KAPLAN, MARVIN 7204 CEDARWOOD CIRCLE BOCA RATON, FL 33434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date 4-1-04 Daytime Phone #	