


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-18-2008 90009 040 ****61.25

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DOCUMENT # 737340			
1. Entity 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1835877		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 BAKALAR & EICHNER, P.A. 150 S. PINE ISLAND ROAD, SUITE 540 PLANTATION FL 33324		7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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: This agent expires 10/1/09 unless renewed.)</small>			
FILE NOW - FEE IS \$61.25 Due By: May 1, 2008		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 TURNER, CAROL 10281 E. CYPRESS COURT PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete	TITLE <u>PD</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAROL TURNER 10281 E. CYPRESS CT. PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS, ROSA 1810 ACORN LANE PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete	TITLE <u>PD</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROSA REYNOLDS 1810 ACORN LANE PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALLATO, NATE 1870 SEAGRAPE AVENUE PEMBROKE LAKES FL 33026 <input checked="" type="checkbox"/> Delete	TITLE <u>TD</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DONNA COLE 10310 IRIS COURT PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, DELBERT 2200 BUTTWOOD AVENUE PEMBROKE LAKES FL 33026 <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	D THORPE, KAY 1780 ACORN LANE PEMBROKE LAKES FL 33026 <input type="checkbox"/> Delete	TITLE <u>SD</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THORPE, KAY 1780 ACORN LANE PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <u>D</u> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEE HERNANDEZ- 10331 OLEANDER COURT PEMBROKE PINES, FL 33026
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Rosa Reynolds</u> ROSA REYNOLDS		Date: <u>2-7-08</u> 954-432-8091	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	