

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90214 022 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1835877**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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	VPD	<input checked="" type="checkbox"/> Delete
NAME	WOLF, CHERI	
STREET ADDRESS	10351 IRIS COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REGINA, JOYCE	
STREET ADDRESS	2301 PECAN COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FEAR, JULIE	
STREET ADDRESS	2261 DOGWOOD CT	
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REYNOLDS, ROSA	
STREET ADDRESS	1810 ACORN LN	
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, CAROL	
STREET ADDRESS	10281 E CYPRESS CT	
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBART, KAREN	
STREET ADDRESS	10171 OLEANDER CT	
CITY-ST-ZIP	PEMBROKE LAKES FL 33026	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DEBBIE	
STREET ADDRESS	2361 CROTON COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMAN, MARY	
STREET ADDRESS	2351 ALLAMANDA COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS, PERRY	
STREET ADDRESS	10331 ORANGE COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Signature Required*

3-21-03 934-431-8091

CR2E037 (10/02)