

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737340

**Entity Name:** CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**0522727860CC**

**Current Principal Place of Business:**

2201 CEDARWOOD AVE.  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

2201 CEDARWOOD AVE.  
PEMBROKE PINES, FL 33026 US

**FEI Number: 59-1835877**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, P.A.  
2149 NORTH COMMERCE PKWY.  
WESTON, FL 33326 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GARCIA, RICK  
Address        10610 CHERRY AVENUE  
City-State-Zip: PEMBROKE PINES FL 33026

Title            SECRETARY, TREASURER  
Name            COLE, DONNA  
Address        10310 IRIS COURT  
City-State-Zip: PEMBROKE PINES FL 33026

Title            VICE-PRESIDENT  
Name            TURNER, CAROL  
Address        10281 E. CYPRESS COURT  
City-State-Zip: PEMBROKE PINES FL 33026

Title            DIRECTOR  
Name            THORPE, KAY  
Address        1780 ACORN LANE  
City-State-Zip: PEMBROKE PINES FL 33026

Title            DIRECTOR  
Name            ARTERBURN, CHRISTY  
Address        10361 IRIS COURT  
City-State-Zip: PEMBROKE PINES FL 33026

Title            DIRECTOR  
Name            ROUSHAR, SHANI  
Address        2291 YUCCA AVENUE  
City-State-Zip: PEMBROKE PINES FL 33026

Title            DIRECTOR  
Name            SANABRIA, MARISABEL  
Address        10311 MANGO COURT  
City-State-Zip: PEMBROKE PINES FL 33026

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RICK GARCIA**

**PRESIDENT**

**04/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date