

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737340

Entity Name: CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.**FILED**
May 20, 2020
Secretary of State
9537674950CC**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	11501 NW 15TH COURT
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 CT
City-State-Zip:	PEMBROKE LAKES FL 33026

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

Title	DIRECTOR
Name	JENNINGS, JENNIFER
Address	10221 CITRUS 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****05/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date