

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737340

Entity Name: CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 28, 2023
Secretary of State
9806738811CC**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 |

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|-----------------|-------------------------|
| 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 |

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

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

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|-----------------|-------------------------|
| 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: DONNA COLE**SECRETARY****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date