

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006857

**Entity Name:** CEDAR WOODS HOMES CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**8386156637CC**

**Current Principal Place of Business:**

C/O RENOVATIONS PROPERTY MANAGEMENT  
10855 NW 33RD STREET  
DORAL, FL 33172

**Current Mailing Address:**

C/O RENOVATIONS PROPERTY MANAGEMENT  
10855 NW 33RD STREET  
DORAL, FL 33172 US

**FEI Number: 20-2033329**

**Certificate of Status Desired: No**

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

DANIA S. FERNANDEZ & ASSOCIATES, P.A.  
13500 SW 88 ST  
SUITE 265  
MIAMI, FL 33186 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: DANIA S. FERNANDEZ**

**04/30/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EGUSQUIZA, OMAR  
Address        C/O RENOVATIONS PROPERTY  
                  MANAGEMENT  
                  10855 NW 33RD STREET  
City-State-Zip: DORAL FL 33172

Title            SECRETARY  
Name            SALAZAR, SABRINA  
Address        C/O RENOVATIONS PROPERTY  
                  MANAGEMENT  
                  10855 NW 33RD STREET  
City-State-Zip: DORAL FL 33172

Title            VP  
Name            ARMAS, JUAN  
Address        C/O RENOVATIONS PROPERTY  
                  MANAGEMENT  
                  10855 NW 33RD STREET  
City-State-Zip: DORAL FL 33172

Title            TREASURER  
Name            CONCEPCION, LAZO  
Address        C/O RENOVATIONS PROPERTY  
                  MANAGEMENT  
                  10855 NW 33RD STREET  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name            VALDES, ILEANA  
Address        C/O RENOVATIONS PROPERTY  
                  MANAGEMENT  
                  10855 NW 33RD STREET  
City-State-Zip: DORAL FL 33172

*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: EGUSQUIZA , OMAR**

**P**

**04/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date