2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State
02-18-2008 90009 040 ****61.25

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DOCUMENT # 737340

1. Entity Name

CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2201 CEDARWOOD AVE. PEMBROKE PINES FL 33026	2201 CEDARWOOD AVE. PEMBROKE PINES FL 33026

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKALAR & EICHNER, P.A. 150 S. PINE ISLAND ROAD, SUITE 540 PLANTATION FL 33324	Name SAME 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 _____ DATE

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TURNER, CAROL 10281 E. CYPRESS COURT PEMBROKE PINES FL 33026	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition CAROL TURNER 10281 E. CYPRESS CT. PEMBROKE PINES, FL 33026
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REYNOLDS, ROSA 1810 ACORN LANE PEMBROKE PINES FL 33026	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ROSA REYNOLDS 1810 ACORN LANE PEMBROKE PINES, FL 33026
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BALLATO, NATE 1870 SEAGRAPE AVENUE PEMBROKE LAKES FL 33026	☑ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition DONNA-COLE 10310 IRIS COURT PEMBROKE PINES, FL 33026
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAFFER, DELBERT 2200 BUTTONWOOD AVENUE PEMBROKE LAKES FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THORPE, KAY 1780 ACORN LANE PEMBROKE LAKES FL 33026	☐ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition THORPE, KAY 1780 ACORN LANE PEMBROKE PINES, FL 33026
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition LEE HERNANDES- 10331 OLEANDER COURT PEMBROKE PINES, FL, 33026

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Rosa Reynolds ROSA REYNOLDS 2-7-08 954-432-8091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #