

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90214 022 \*\*\*\*61.25

**DOCUMENT # 737340**

1. Entity Name

**CEDARWOODS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**2201 CEDARWOOD AVE.  
PEMBROKE PINES FL 33026**

Mailing Address

**2201 CEDARWOOD AVE.  
PEMBROKE PINES FL 33026**

2. Principal Place of Business

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

**SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES FL 33134**

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **VPD** ☒ Delete  
NAME **WOLF, CHERI**  
STREET ADDRESS **10351 IRIS COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **JONES, DEBBIE**  
STREET ADDRESS **2361 CROTON COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **SD** ☐ Delete  
NAME **REGINA, JOYCE**  
STREET ADDRESS **2301 PECAN COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROMAN, MARY**  
STREET ADDRESS **2351 ALLAMANDA COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **PD** ☐ Delete  
NAME **FEAR, JULIE**  
STREET ADDRESS **2261 DOGWOOD CT**  
CITY-ST-ZIP **PEMBROKE LAKES FL 33026**

TITLE **D** ☐ Change ☒ Addition  
NAME **FRANCIS, PERRY**  
STREET ADDRESS **10331 ORANGE COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **TD** ☐ Delete  
NAME **REYNOLDS, ROSA**  
STREET ADDRESS **1810 ACORN LN**  
CITY-ST-ZIP **PEMBROKE LAKES FL 33026**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **TURNER, CAROL**  
STREET ADDRESS **10281 E CYPRESS CT**  
CITY-ST-ZIP **PEMBROKE LAKES FL 33026**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HOBART, KAREN**  
STREET ADDRESS **10171 OLEANDER CT**  
CITY-ST-ZIP **PEMBROKE LAKES FL 33026**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Signature Required*

*3-21-03 934-431-8091*

CR2E037 (10/02)