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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738257 (5)

1. Corporation Name

VILLAGE OF CEDARWOOD ASSOCIATION, INC.

Principal Place of Business / Mailing Address

c/o Hawk-Eye Management, Inc.
3901 North Federal Highway #202
Boca Raton, FL 33431

same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1977
3a. Date of Last Report: 5/5/94
4. FEI Number: 59-2073187 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

Paul N. Patti
c/o Hawk-Eye Management, Inc.
3901 North Federal Highway, Suite 202
Boca Raton, FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WIESENTHAL, MYLES	12 NAME	400001451824
STREET ADDRESS	7639 Cedarwood Circle	13 STREET ADDRESS	-04/10/95--01034--003
CITY-ST-ZIP	Boca Raton, FL 33434	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LEIFMAN, HERB	22 NAME	
STREET ADDRESS	7667 Cedarwood Circle	23 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33434	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	KREUDER, ANGELA	32 NAME	
STREET ADDRESS	7715 Cedarwood Circle	33 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33434	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	LANG, LILA	42 NAME	
STREET ADDRESS	7628 Cedarwood Circle	43 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33434	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, PIERCE	52 NAME	
STREET ADDRESS	7673 Cedarwood Circle	53 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33434	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

LC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/28/95 407-392-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #