

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 HWY. SUITE 202
BOCA RATON FL 33431

C/O HAWK-EYE MANAGEMENT, INC.
3901 NORTH FEDERAL HWY. SUITE 202
BOCA RATON FL 33431



3. Date Incorporated or Qualified
03/04/1977

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2073187

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

25

29

26

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTI, PAUL
3901 NORTH FEDERAL HIGHWAY, SUITE 202
BOCA RATON FL 33431

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WIESENTHAL, MYLES
STREET ADDRESS 7639 CEDARWOOD CIR
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE SAME ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☒ DELETE
NAME LEIFMAN, HERB
STREET ADDRESS 7667 CEDARWOOD CIR
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE BLAND, ARTHUR VP ☐ Change ☒ Addition
2.2 NAME 7660 CEDARWOOD CIRCLE
2.3 STREET ADDRESS BOCA RATON, FL
2.4 CITY-ST-ZIP VICE PRES.

TITLE T ☐ DELETE
NAME GOLDBERG, PIERCE
STREET ADDRESS 7673 CEDARWOOD CIR
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE SAME ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE LILA LANG secy ☐ Change ☒ Addition
4.2 NAME 7628 CEDARWOOD CIRCLE
4.3 STREET ADDRESS BOCA RATON, FL
4.4 CITY-ST-ZIP secretary

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ANGELA KREUDER Dir ☐ Change ☒ Addition
5.2 NAME 7715 CEDARWOOD CIRCLE
5.3 STREET ADDRESS BOCA RATON, FL
5.4 CITY-ST-ZIP 2ND VICE PRES.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME 300001768993
6.3 STREET ADDRESS -04/04/96--01031--004
6.4 CITY-ST-ZIP ***61.25

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 employed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

407-183-2036

CR2E037 (12/95)