FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 73825

1. Corporation Name

(5)

VILLAGE OF CEDARWOOD ASSOCIATION, INC.

Principal Place of Business Mailing Address										
360 NORTH FEERAL HWY.SUITE 20 360 NORTH FEERAL HWY.SUITE 20 3. Date thromposted or Qualified 3a. Date of Last Report 1. Orange	Principal Place	e of Business	Mailing Address					607 OLDUL OLDUL GUDIA 1	J	
2. Principal Place of Business 2a. Meiling Address 5. Date Acceptable 3b. Date of Last Report Ox/(4)/1986 3c. Date of Last Report Ox/(4	3901 NORTH FEDERAL HWY.SUITE 202		3901 NORTH FEDERAL HWY.SUITE 202							
Sulpto, April #, chr. Sulpto, April #, chr. Sulpto, April #, chr. 27 Sulpto, April #, chr. 28 Sulpto, April #, chr.						3. Da	3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1996			
Substitution Subs	2. Principal P	ace of Business			3101317.	4. FE				
City A State City		#. etc.	├── ┐			5. Ce	ertificate of Status Desired			
249 25 28 3 30	k1		}-¬ '			1				
PATTI, PAUL 3901 NORTH FEDERAL HIGHWAY, SUITE 202 BOCA RATON FL 33431 10 Sirver Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. an interface of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. The state of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. The state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the purpose of changing its registered agent. The corporation submits this statement for the	Zip	├─ ┐ ′	Zip	├ ~	itry		· ·		der s 199.032,	
PATTI, PAUL 3901 NORTH FEDERAL HIGHWAY,SUITE 202 BOCA RATON FL 33431 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL S Zip Code 11. Pursuant to the provisors of Sections 617 6502 and 617 1608. Floride Statutes, the above-remed corporation submits this statement for the purpose of changing its registered agent. Or both, in this State of Florids Statutes. 85 SIGNATURE 12. OF FICE RS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS N. 12 14. OVER THE ADDRESS 15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS N. 12 15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS N. 12 16. Change Addition 16. Change Addition 16. Change Addition 17. ST. 29 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS N. 12 18. STREET ADDRESS 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS N. 12 19. Change Addition 19. STREET ADDRESS 19. Change Addition 19. Change Additi	<u> - 1</u>									
BOOK RATON FL 33431 B1 City FL B5 City					B1 Name					
BOCA RATON FL 33431			-	B2 Street	Address (P.O.	Box Number is Not Acceptab	le)			
1. 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 and remiter with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE				ţ	В3					
11. Pursuent to the provisions of Sections 617 6502 and 617 1508, florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered articles of sole, in the State of Florida Statutes. Signature	<u> </u>				84 City			FL B5	Zıp Code	
SIGNATURE Signature layers of princed raper extraprisonal agent and line in applicable MOVT Registered Agent eigenbure required when reindating) DATE	11. Pursuant office or r	to the provisions of Sections 617,0503	2 and 617.1508, Florida Statu of Florida, Such change was	tes, the ab	ove-named by the cor	d corporation s	ubmits this statement for the p	urpose of chang	ging its registered	
TITLE PD WIESENTHAL, MYLES 7639 CEDARWOOD CIR NAME SIREFI ADDRESS 7639 CEDARWOOD CIR NAME BLAND, ARTHUR SIREFI ADDRESS 7667 CEDARWOOD CIR NAME SIREFI ADDRESS 7668 CEDARWOOD CIRCLE SIREFI ADDRESS 7669 CEDARWOOD CIRCLE SIREFI ADDRESS 500 CIRCLES S										
TITLE PD WIESENTHAL, MYLES 7639 CEDARWOOD CIR NAME SIREFI ADDRESS 7639 CEDARWOOD CIR NAME BLAND, ARTHUR SIREFI ADDRESS 7667 CEDARWOOD CIR NAME SIREFI ADDRESS 7668 CEDARWOOD CIRCLE SIREFI ADDRESS 7669 CEDARWOOD CIRCLE SIREFI ADDRESS 500 CIRCLES S	SIGNATURE.	Signature type or printed name of registored ager	nt and title r applicable (NO	TE: Registered	Agent signature	niar certw berluper e	stating)	DATE		
NAME STREET ADDRESS 7639 CEDARWOOD CIR 1.3 STREET ADDRESS 1.4 GITY-ST-2P Change Addition Addi	12.	OFFICERS AND	DIRECTORS					ERS AND DIRE	CTORS IN 12	
STREET ADDRESS ASS CEDARWOOD CIR 1.3 STREET ADDRESS 1.4 CITY-ST-2P COCC CATON Change Addition	TIFLE	PD	DELETE	1.1 717	.E	23 >		Ch	ange 🔀 Addition	
STREET ADDRESS ASS CEDARWOOD CIR 1.3 STREET ADDRESS 1.4 CITY-ST-2P COCC CATON Change Addition	NAME	WIESENTHAL, MYLES	, ,	1.2 NA	ΛE	Entown	nel. Stewart	• _		
DELETE	STREET ADDRESS			1.3 STREET ADDRESS		1580	Cedarwood (<i>Sir</i>		
THE	i	1 1				Cocc	Pation Fl 32	4554		
STREET ADDRESS 7667 CEDARWOOD CIR 23 STREET ADDRESS BOCA RATON FL 2 4 CITY-S1-ZIP			DELETE			1		Ch	lange Addition	
STREET ADDRESS 7667 CEDARWOOD CIR 23 STREET ADDRESS BOCA RATON FL 2 4 CITY-S1-ZIP	NAME	BLAND, ARTHUR		2.2 NA	νE					
DELETE Change Addition Change Change Addition Change Change Addition Change Ch	STREET ADDRESS			23.81	EFT ADDRESS					
Title	1 1			- 1		1			1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE LANG, LILA TREET ADDRESS CITY-ST-ZIP TITLE D ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Addition Change Addition		1	DELETE					Cr	ange Addition	
STREET ADDRESS 7673 CEDARWOOD CIR 33 STREET ADDRESS BOCA RATON FL 34 CITY-ST-ZIP	NAME	GOI DBERG, PIERCE		3 2 NA	VIE.				•	
CITY-ST-ZIP										
THE LANG, LILA NAME LANG, LILA 7628 CEDARWOOD CIRCLE BOCA RATON FL 111LE D DELETE TITLE D Change Addition DELETE A1 TITLE 4.2 NAME 4.3 STREET ADDRESS A4 CITY-ST-ZIP TITLE D Change Addition Addition Change Addition Addition Addition Addition Addition FINAME STREET ADDRESS CITY-ST-ZIP HILF NAME STREET ADDRESS AT CITY-ST-ZIP DELETE 6.1 TITLE Change Addition Change Addition Change Addition	[ſ		-			ĺ	
NAME			DELETE					☐ Ct	ange Addition	
STREET ADDRESS CITY- ST-ZIP TITLE D NAME KREUDER, ANGELA 7715 CEDARWOOD CIRCLE BOCA RATON FL 52 NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS										
CITY-ST-ZIP BOCA RATON FL	, ,					1				
TILLE	l I									
NAME KREUDER, ANGELA 52 NAME STREET ADDRESS 7715 CEDARWOOD CIRCLE 53 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 54 CITY-ST-ZIP HILE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	☐ DELETE					☐ Ci	iange Addition	
STREET ADDRESS 7715 CEDARWOOD CIRCLE 53 STREET ADDRESS	NAME	-		5.2 NA	ME					
COTY- ST-ZIP BOCA RATON FL 5.4 CITY- ST-ZIP HILLE 6.1 TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	1 1			- 1					ĺ	
HILF NAME STREET ADDRESS DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS	1									
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS			☐ DELETE			 		☐ Ci	vange Addition	
STREET ADDRESS 6.3 STREET ADDRESS			. .					**		
	ļ									
	1 1									

14. I do 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 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 B'ock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-12-47

Daytime Prionc # 0038603

FILED

Mar 25 1997 8:00am

Secretary of State