

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



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

3. Date Incorporated or Qualified	03/04/1977
4. FEI Number	59-2073187
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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	S STEMPEL, STEWART 7589 CEDARWOOD CIR BOCA RATON FL	1.1 TITLE	VP / Director
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VP BLAND, ARTHUR 7687 CEDARWOOD CIR BOCA RATON FL	2.1 TITLE	2nd VP / Director
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	T / Director GOLDBERG, PIERCE 7873 CEDARWOOD CIR BOCA RATON FL	3.1 TITLE	President / Director
NAME		3.2 NAME	Nyles Weisenthal
STREET ADDRESS		3.3 STREET ADDRESS	7639 Cedarwood Circle
CITY - ST - ZIP		3.4 CITY - ST - ZIP	BOCA RATON FL 33433
TITLE	D LANG, LILA 7628 CEDARWOOD CIRCLE BOCA RATON FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D KREUDER, ANGELA 7715 CEDARWOOD CIRCLE BOCA RATON FL	5.1 TITLE	Secretary / Director
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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:

[Signature] 4-30-98

CR2E037 (10/97)