

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90076 002 ****61.25

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DOCUMENT # 738257

1. Corporation Name

VILLAGE OF CEDARWOOD ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/04/1977

4. FEI Number

59-2073187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PATTI, PAUL
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 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

TITLE VPD ☐ DELETE

NAME STEMPEL, STEWART
STREET ADDRESS 7589 CEDARWOOD CIR
CITY-ST-ZIP BOCA RATON FL

TITLE VPD ☒ DELETE

NAME BLAND, ARTHUR
STREET ADDRESS 7667 CEDARWOOD CIR
CITY-ST-ZIP BOCA RATON FL

TITLE PD ☐ DELETE

NAME WEISENTAL, MYLES
STREET ADDRESS 7639 CEDARWOOD CIR
CITY-ST-ZIP BOCA RATON FL 33433

TITLE TD ☐ DELETE

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

TITLE SD ☒ DELETE

NAME KREUDER, ANGELA
STREET ADDRESS 7715 CEDARWOOD CIRCLE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. Dir ☒ Change ☐ Addition

1.2 NAME STEMPEL, STEWART
1.3 STREET ADDRESS 7589 Cedarwood Circle
1.4 CITY-ST-ZIP BOCA RATON, FL

2.1 TITLE LILA LANG 2VPD ☐ Change ☒ Addition

2.2 NAME 7628 Cedarwood Circle
2.3 STREET ADDRESS BOCA RATON, FL

3.1 TITLE VPD ☒ Change ☐ Addition

3.2 NAME WEISENTAL, MYLES
3.3 STREET ADDRESS 7639 Cedarwood Circle
3.4 CITY-ST-ZIP BOCA RATON, FL (Director)

4.1 TITLE SD SCHWARTZ, IRWIN ☐ Change ☒ Addition

4.2 NAME 7667 CEDARWOOD CIRCLE
4.3 STREET ADDRESS BOCA RATON, FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-99

CRZE037 (11/98)