FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 738257** 1. Entity Name 04-03-2001 90032 033 ****61.25 VILLAGE OF CEDARWOOD ASSOCIATION, INC. Mailing Address Principal Place of Business C/O HAWK-EYE MANAGEMENT.INC. C/O HAWK-EYE MANAGEMENT.INC. 3901 NORTH FEDERAL HWY.SUITE 202 3901 NORTH FEDERAL HWY.SUITE 202 00030918 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2073187 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PATTI, PAUL 3901 NORTH FEDERAL HIGHWAY, SUITE 202 **BOCA RATON FL 33431** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **⊠** Change WEGSENTHAL, MYLES XI 7639 CEDARWOOD CIRCLE ☐ Addition TITLE ☐ Delete TITLE STEMPEL, STEWART NAME NAME STREET ADDRESS STREET ADDRESS 7589 CEDARWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP OCA RATON, FI. **BOCA RATON FL 33434** ST VPD STEMPER 2VPD Change : TITLE ☐ Delete TITLE STEWNET NAME LANG, LILA NAME CEDANWOOD CIRCLE 7589 7628 CEDARWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** OCA TDVP TITLE Delete: TITLE WEISENTAL, MYLES LANGILILA 7628 CEDARWOOD CIRCLE NAME NAME STREET ADDRESS STREET ADDRESS 7639 CEDARWOOD CIRCLE 33434 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** 30CA JUSVAD TITLE Delete TITLE **X** Addition SPANIER, ERVING NAME GOLDBERG, PIERCE NAME CEDARWOOD CIRCLE 7627 STREET ADDRESS STREET ADDRESS 7673 DEDARWOOD CIR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Delete TITLE ☐ Addition NAME SCHWARTZ, IRWIN NAME STREET ADDRESS STREET ADDRESS 7667 CEDARWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Delete TITLE Change Addition NAME TOBER, MERWIN NAME STREET ADDRESS 7612 CEDARWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.