

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738257

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2073187

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input type="checkbox"/> Delete            |
| NAME           | WIESENTHAL, MYLES     |  |
| STREET ADDRESS | 7639 CEDARWOOD CIRCLE |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434   |  |
| TITLE          | 1VPD                  | <input type="checkbox"/> Delete            |
| NAME           | STEMPEL, STEWART      |  |
| STREET ADDRESS | 7589 CEDARWOOD CIRCLE |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434   |  |
| TITLE          | TD                    | <input type="checkbox"/> Delete            |
| NAME           | LANG, LILA            |  |
| STREET ADDRESS | 7628 CEDARWOOD CIRCLE |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434   |  |
| TITLE          | 2VPD                  | <input type="checkbox"/> Delete            |
| NAME           | SPANIER, IRVING       |  |
| STREET ADDRESS | 7627 CEDARWOOD CIRCLE |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434   |  |
| TITLE          | SD                    | <input type="checkbox"/> Delete            |
| NAME           | SCHWARTZ, IRWIN       |  |
| STREET ADDRESS | 7667 CEDARWOOD CIRCLE |  |
| CITY-ST-ZIP    | BOCA RATON FL         |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | TOBER, MERWIN         |  |
| STREET ADDRESS | 7612 CEDARWOOD CIRCLE |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434   |  |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90085 027 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)