


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 024 ****61.25

DOCUMENT # 738257 1. Entity 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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2073187	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PATTI, PAUL 3901 NORTH FEDERAL HIGHWAY, SUITE 202 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAPLAN, MARVIN <input type="checkbox"/> Delete 7204 CEDARWOOD CIRCLE BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD BLAND, ARTHUR <input checked="" type="checkbox"/> Delete 7860 CEDARWOOD CIRCLE BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harriet Moskowitz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7667 Cedarwood Cir. Boca Raton, FL. 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD HANDMAN, EDGAR <input type="checkbox"/> Delete 7581 CEDARWOOD CIRCLE BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOMPEL, STEWART <input type="checkbox"/> Delete 7589 CEDARWOOD CIRCLE BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLD, BERNARD <input type="checkbox"/> Delete 7670 CEDARWOOD CIR BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>MARVIN KAPLAN</u> <u>Treas</u> <u>4/18/07</u> <u>561</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					