

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90042 044 ****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		4. FEI Number 59-2073187	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: Backer Law Firm, P.A. Street Address (P.O. Box Number is Not Acceptable): The Arbor, Suite 420 400 South Dixie Highway Boca Raton, FL 33432 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  KEITH BACKER DATE: 4-17-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 7204 CEDARWOOD CIRCLE BOCA RATON, FL 33434	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD MOSKOWITZ, HARRIET 7667 CEDARWOOD CIR. BOCA RATON, FL 33434	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD HANDMAN, EDGAR 7581 CEDARWOOD CIRCLE BOCA RATON, FL 33434	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOMPEL, STEWART 7589 CEDARWOOD CIRCLE BOCA RATON, FL 33434	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLD, BERNARD 7670 CEDARWOOD CIR BOCA RATON, FL 33434	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)				
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:  4/16/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					