

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738257

FILED
Feb 19, 2009
Secretary of State

Entity Name: VILLAGE OF CEDARWOOD ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2073187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACKER LAW FIRM, PA
THE ARBOR STE. 420
400 SOUTH DIXIE HWY.
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KAPLAN, MARVIN
Address: 7204 CEDARWOOD CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: 2VD () Delete
Name: MOSKOWITZ, HARRIET
Address: 7667 CEDARWOOD CIR.
City-St-Zip: BOCA RATON, FL 33434

Title: 1VD () Delete
Name: HANDMAN, EDGAR
Address: 7581 CEDARWOOD CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: PD () Delete
Name: STOMPEL, STEWART
Address: 7589 CEDARWOOD CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: SD () Delete
Name: GOLD, BERNARD
Address: 7670 CEDERWOOD CIR
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. STEWART STEMPEL

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date