


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90028 045 \*\*\*\*70.00

**DOCUMENT # 753322**

1. Entity Name  
**CEDARWOOD TERRACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**POST OFFICE BOX 510272      POST OFFICE BOX 510272**  
**PUNTA GORDA, FL 33951-0272      PUNTA GORDA, FL 33951-0272**



02132007 No Chg-NP      CRZE037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number      Applied For  
**58-2259455      Not Applicable**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEPAGE, SUSAN**  
**POST OFFICE BOX 510272**  
**PUNTA GORDA, FL 33951-0272**

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing)      DATE: \_\_\_\_\_

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAPAGE, SUSAN POST OFFICE BOX 510272 PUNTA GORDA, FL 339510272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, JULI POST OFFICE BOX 510272 PUNTA GORDA, FL 339510272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALPHONSO, ANNA POST OFFICE BOX 510272 PUNTA GORDA, FL 339510272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: Susan Lepage (Susan Lepage) PRES.      6/4/07      941-627-9702

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR DIRECTOR      Date      Daytime Phone #