

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 03, 2007
Secretary of State**

DOCUMENT# 753832

Entity Name: CEDARWOOD VILLAGE HOMEOWNER ASSOCIATION-PHASE I, INC.

Current Principal Place of Business:

4400 RIDGELINE CIRCLE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4400 RIDGELINE CIRCLE
TAMPA, FL 33624

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOUTSATSOS, BARBARA
4421 RIDGELINE CIRCLE
TAMPA, FL 33624 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: P () Delete
Name: BROADLEY, BARBARA
Address: 4418 RIDGELINE CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: MOUTSATSOS, BARBARA
Address: 4421 RIDGELINE CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: VANORDEN, OLGA
Address: 4409 ROCKCREST CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: HEATH, SUSAN
Address: 4424RIDGE LINE CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: KIENZLE, PEGGY
Address: 4402 ROCKCREST CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: MCGILL, JODY
Address: 4403 TIMBER TERRACE
City-St-Zip: TAMPA, FL 33624

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: D (X) Change () Addition
Name: GARCIA, PEGGY
Address: 4412 RIDGELINE CIRCLE
City-St-Zip: TAMPA, FL 33624

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA MOUTSATSOS

TR

01/03/2007

Electronic Signature of Signing Officer or Director

Date