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FILED
May 26, 2004 8:00 am
Secretary of State
05-03-2004 90428 034 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 758060

1. Entity Name
CEDAR VILLAS AT MIRAMAR HOMEOWNERS ASSOCIATION, INC.

66424333

Principal Place of Business	Mailing Address
C/O DNS PROPT. MGT. 4800 S. DAVIE RD. #103 DAVIE, FL 33314 US	P.O. BOX 848995 C/O KASHA HOLLYWOOD, FL 33084 US

04212004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4350 SW 59 Ave	
Suite, Apt. #, etc.: Bldg A	Suite, Apt. #, etc.
City & State: Davie FL	City & State
Zip: 33314 Country: Broward	Zip / Country

4. FEI Number: 59-2302367 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NACHMAN, I 4441 STIRLING RD FT LAUD, FL 33314	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 SENNA, LARRY 7822 PEMBROKE RD MIRAMAR, FL 33023	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KASHA, GAIL 7852 PEMBROKE RD MIRAMAR, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TAYLOR, MARCIA 7812 PEMBROKE ROAD MIRAMAR, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Minnie Thornton 7808 Pembroke Road Miramar, FL 33023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sandra Bernard 7848 Pembroke Rd. Miramar, FL 33023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David L. Kasha, President 5/20/04 9549643599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doc Attachment 5 Attachment [redacted]

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APPROVED
PAID CHECK 608
DATE 4/22/04

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SIGNATURE: Gail L. Kasha 5/20/04 9549643599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President