



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90037 025 \*\*\*\*70.00

<b>DOCUMENT # 758060</b>					
<b>1. Entity Name</b> CEDAR VILLAS AT MIRAMAR HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7812 PEMBROKE ROAD MIRAMAR, FL 33024 US			<b>Mailing Address</b> 8362 PINES BLVD., SUITE 192 C/O M. TAYLOR PEMBROKE PINES, FL 33024 US		
<b>2. Principal Place of Business</b> <i>Same as above</i>		<b>3. Mailing Address</b> <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252006 Chg-NP CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 59-2302367	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  RUSSELL-LOVE, DONNETTE 521 SOUTH ANDREWS AVENUE, SUITE #4 FT LAUD, FL 33301			<b>7. Name and Address of New Registered Agent</b> Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> TAYLOR, MARCIA 7812 PEMBROKE ROAD MIRAMAR, FL 33023	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> CASSILLAS-LOPEZ, LUCIA 7806 PEMBROKE ROAD MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> Sprouse, Christine 7836 Pembroke Road Miramar, FL 33023	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> THORNTON, MINNIE 7808 PEMBROKE ROAD MIRAMAR, FL 33023	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> FRANCISCO, VENTURA 7818 PEMBROKE ROAD MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> Mario Gantlett 7960 Pembroke Road Miramar, FL 33023	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SPOUSE, CHRISTINE 7836 PEMBROKE ROAD MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Lenny Long 1804 Pembroke Road Miramar, FL 33023	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Marcia Taylor</i>			<i>1-25-2006 (954) 981-1142</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		