



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90004 032 \*\*\*\*61.25

<b>DOCUMENT # 758060</b> 1. Entity Name <b>CEDAR VILLAS AT MIRAMAR HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>7812 PEMBROKE ROAD</del> <b>4801 S. University Dr.</b> <del>MIRAMAR, FL 33024</del> <b>US</b> <b>DAVIE FL 33328</b>				Mailing Address <b>8362 PINES BLVD., SUITE 192</b> <b>C/O M. TAYLOR</b> <b>PEMBROKE PINES, FL 33024 US</b>	
2. Principal Place of Business - No P.O. Box # <b>above</b>		3. Mailing Address <b>above</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03122007    Chg-NP    CR2E037 (12/06)	
City & State 		City & State 		4. FEI Number <b>59-2302367</b>	
Zip 		Zip 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RUSSELL-LOVE, DONNETTE</b> <del>621 SOUTH ANDREWS AVENUE, SUITE #4</del> <del>FT LAUD, FL 33304</del> <b>4801 S. University Dr. #</b> <b>DAVIE, FL 33328</b>				7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, MARCIA 7812 PEMBROKE ROAD MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Minnie Thornton 7808 Pembroke Rd Miramar, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPROUSE, CHRISTINE 7836 PEMBROKE RD MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THORNTON, MINNIE 7808 PEMBROKE ROAD MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aarons, Joycemine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAUNTLETT, MARIO 7960 PEMBROKE RD MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gauntlett, Mario 7960 Pembroke Rd. Miramar, FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, LENNY 7804 PEMBROKE RD MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wong, Lenny 7804 Pembroke Rd Miramar FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an otherlike empowered.					
<b>SIGNATURE:</b> <u>Marcia Thornton, Manager</u>			3/12/07 (954) 449-1847		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		