2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 758060

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

Current Principal Place of Business:

4801 S UNIVERSITY DR
#251
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

4801 S UNIVERSITY DR
#251
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 59-2302367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSELL-LOVE, DONNETTE
4801 S. UNVERSITY DR #251
DAVIE, FL 33328 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: PD ( ) Delete
Name: THORNTON, MINNIE
Address: 7808 PEMBROKE RD.
City-St-Zip: MIRAMAR, FL 33023

Title: VP ( ) Delete
Name: SPROUSE, CHRISTINE
Address: 7836 PEMBROKE RD
City-St-Zip: MIRAMAR, FL 33023

Title: SD ( ) Delete
Name: AARONS, JOYCEMINE
Address: 7808 PEMBROKE ROAD
City-St-Zip: MIRAMAR, FL 33023

Title: TD ( ) Delete
Name: GAUNTLETT, MARIO
Address: 7960 PEMBROKE RD
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: WONG, LENNY
Address: 7804 PEMBROKE RD
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: JOHNSON, SANTHIA
Address: 7830 PEMBROKE ROAD
City-St-Zip: MIRAMAR, FL 33023

Title: TD (X) Change ( ) Addition
Name: MCCOURT, AMY
Address: 7802 PEMBROKE RD
City-St-Zip: MIRAMAR, FL 33023

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

I hereby certify that the information supplied with this filing does not qualify 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: MINNIE THORNTON PD 03/24/2009

Electronic Signature of Signing Officer or Director — Date