Jul 02, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) **Secretary of State DOCUMENT # 764957** 05-21-2002 90859 033 ****61.25 1. Entity Name CEDAR BREEZE CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 3156 CORAL SPRINGS DR. 3156 CORAL SPRINGS DR. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 96239 2. Principal Place of Business 3. Mailing Address 3158 Coxol DRuse 3160 Loral Spring DRIVE DO NOT WRITE IN THIS SPACE Craf Spims Applied For 4. FEI Number Therido florida 59-2428964 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HYLTON, JENNIFER 3158 CORAL SPRING DRIVE CORAL SPRINGS FL 33085 Zip Code City FL 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. <u>C006.36.4</u> tered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESSIPELL CYNTHIA 33065 PRESSIPE 33065 Delete TITLE TITLE NAME SARKO, STEVEN J NAME STREET ADDRESS 3156 CORAL SPRINGS DR. STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE VELLOTT, AMV 3164 CORAL SPRINGS DR CORAL SPRINGS, FL 33065 FARDELLA, CINDY NAMÉ NAME 5336 NW 106 DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 Change ☐ Addition TITLE Delete TITLE HYLTON, JENNIFER NAME NAME 3158 CORAL SPRING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Defeta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

of the corporation or the recei-changed, or on an attachment

SIGNATURE:

SIGNATURED REQUIRED

D TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

G006.90.71