

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90182 011 ****61.25

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1. Entity Name

CEDAR BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3160 CORAL SPRINGS DRIVE
APT3
CORAL SPRINGS FL 33065**

Mailing Address

**3158 CORAL SPRINGS DRIVE
APT 2
CORAL SPRINGS FL 33065**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2428964**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HYLTON, JENNIFER
3158 CORAL SPRING DRIVE
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **PO** ☒ Delete
NAME **CHENEVERT, CYNTHIA**
STREET ADDRESS **3160 CORAL SPRINGS DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VD** ☒ Delete
NAME **YELLOTT, AMY**
STREET ADDRESS **3164 CORAL SPRINGS DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **STD** ☐ Delete
NAME **HYLTON, JENNIFER**
STREET ADDRESS **3158 CORAL SPRING DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Helen Bambis PA** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3170 Coral Spring DR**
CITY-ST-ZIP **Coral Spring 33065**

TITLE **Jennifer Campbell VA** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3168 Coral Spring DR**
CITY-ST-ZIP **Coral Spring 33065**

TITLE **S.T.A** ☐ Change ☒ Addition
NAME
STREET ADDRESS **Jylian Jennifer**
CITY-ST-ZIP **3158 Coral S Dr**
Coral Spring 33065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: SIGNATURE REQUIRED

4-28-2003

CR2E037 (10/02)