

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00135

FILED
Feb 13, 2009
Secretary of State

Entity Name: CEDAR WOODS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4022 BEAVER LN.
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 512159
PUNTA GORDA, FL 339512159 US

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

FEI Number: 59-2397812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MGMT
6025 TAYLOR RD #2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MGMT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOCK, KAREN
Address: 4022 BEAVER LK 400-D
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: LACROIX, RICARD
Address: 4022 BEAVER LN 500P
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete
Name: KUIPERS, NANCY
Address: 4022 BEAVER LN 700-E
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: STONE, WILLIAM
Address: 4022 BEAVER LN 400-E
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: CATALDI, ROBERT
Address: 4022 BEAVER LK 300A
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KAREN HOCK

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date