

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01090

FILED
Mar 20, 2009
Secretary of State

Entity Name: CEDAR GLEN IN BOCA WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

778 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 97-0069
PO BOX 27-2310
BOCA RATON, FL 334970069 US

New Mailing Address:

PO BOX 97-0069
BOCA RATON, FL 334970069 US

FEI Number: 59-2465633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALOMBI, GARY
778 S MILITARY TRAIL
DEERFIELD BEACH, FL 33442 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: D () Delete
Name: KATZ, SANDRA
Address: 19428 CEDAR GLEN DR
City-St-Zip: BOCA RATON, FL 33434

Title: VP () Delete
Name: WOLLINS, ANTHONY
Address: 19301 CEDAR GLEN DR
City-St-Zip: BOCA RATON, FL 33434

Title: P () Delete
Name: COHEN, HAROLD
Address: 19333 CEDAR GLEN DR.
City-St-Zip: BOCA RATON, FL 33434

Title: SD () Delete
Name: MILLER, STEPHEN
Address: 19324 CEDAR GLEN DR
City-St-Zip: BOCA RATON, FL 33434

Title: T () Delete
Name: BURTON, KATZ
Address: 19325 CEDAR GLEN DR.
City-St-Zip: BOCA RATON, FL 33434

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: S (X) Change () Addition
Name: MILLER, STEPHEN
Address: 19324 CEDAR GLEN DR
City-St-Zip: BOCA RATON, FL 33434

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: GARY PALOMBI

RA

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date