

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90132 017 ****61.25

DOCUMENT # N01982

1. Entity Name

**CEDARWOOD VILLAGE HOMEOWNERS
ASSOCIATION-PHASE II, INC.**



Principal Place of Business
**9609 FOREST EDGE CT.
TAMPA FL 33624
US**

Mailing Address
**P.O. BOX 273726
TAMPA FL 33688**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2498779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHUPARD, ELENA
9609 FOREST EDGE COURT
TAMPA FL 33624**

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
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **SHUPARD, ELENA**
STREET ADDRESS **9609 FOREST EDGE CT.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME **VP RENFROE, PAT**
STREET ADDRESS **4408 PINE MEADOW CT**
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE ☐ Delete
NAME **D CHEESEMAN, HAROLD W**
STREET ADDRESS **4521 CEDARWOOD VILLAGE DR.**
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE ☒ Delete
NAME **P FOSTER, CHARLES A**
STREET ADDRESS **4552 CEDARWOOD VILLAGE DR.**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☒ Addition
NAME **D Renate Armitage**
STREET ADDRESS **4421 Hollow Branch Ct**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☒ Delete
NAME **D WATERHOUSE, LINDA**
STREET ADDRESS **4540 CEDARWOOD VILLAGE DR**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☒ Addition
NAME **D Bob Johnston**
STREET ADDRESS **4408 Hollow Branch Ct**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☐ Delete
NAME **S BRADY, MURIEL**
STREET ADDRESS **4411 PINE MEADOW CT.**
CITY-ST-ZIP **TAMPA FL**

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:

E. Shupard **Elena Shupard, Treas.** **02/08/05 (813) 968-8116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #