2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01982

FILED May 01, 2007 Secretary of State

Entity Name: CEDARWOOD VILLAGE HOMEOWNERS ASSOCIATION-PHASE II, INC.

Current Principal Place of Business:		New Principal Place of Business:		
9609 FOR TAMPA, F	REST EDGE CT. FL 33624 US			
Current Mailing Address:		New Mailing Address:		
P.O. BOX TAMPA, F				
n accordar	r: 59-2498779 FEI Number Applied For() FE nce with s. 607.193(2)(b), F.S., the corporation did not rece d Address of Current Registered Agent:	' = '		
9609 FOR	D, ELENA REST EDGE COURT FL 33624 US			
	e named entity submits this statement for the purpore of Florida.	se of changing	its registered office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	T () Delete SHUPARD, ELENA 9609 FOREST EDGE CT. TAMPA, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
	P () Delete	Title:	D () A LEE	
Name: Nddress:	RENFROE, PAT 4408 PINE MEADOW CT TAMPA, FL 33624	Name: Address: City-St-Zip:	P (X) Change () Addition ARMITAGE, RENATE 4421 HOLLOW BRANCH CT TAMPA, FL 33624	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	RENFROE, PAT 4408 PINE MEADOW CT	Name: Address:	ARMITAGE, RÉNATE 4421 HOLLOW BRANCH CT	
Name: Address: City-St-Zip: Title: Name: Address:	RENFROE, PAT 4408 PINE MEADOW CT TAMPA, FL 33624 VP () Delete CHEESEMAN, HAROLD W 4521 CEDARWOOD VILLAGE DR.	Name: Address: City-St-Zip: Title: Name: Address:	ARMITAGE, RÉNATE 4421 HOLLOW BRANCH CT TAMPA, FL 33624	
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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: ELENA SHUPARD T 05/01/2007