

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01982

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

9609 FOREST EDGE CT.
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273726
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-2498779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUPARD, ELENA
9609 FOREST EDGE COURT
TAMPA, FL 33624 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: T () Delete
Name: SHUPARD, ELENA
Address: 9609 FOREST EDGE CT.
City-St-Zip: TAMPA, FL

Title: P () Delete
Name: ARMITAGE, RENATE
Address: 4421 HOLLOW BRANCH CT
City-St-Zip: TAMPA, FL 33624

Title: VP () Delete
Name: HANDLEY, JOE
Address: 4411 HOLLOW BRANCH CT
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: PEEBLES, DEBORAH
Address: 4521 CEDARWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: KRASNAY, CHARLENE
Address: 4415 PINE MEADOW CT
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: HOWELL, ALTHENA
Address: 4538 CEDARWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: HANDLEY, JOE
Address: 4411 HOLLOW BRANCH CT.
City-St-Zip: TAMPA, FL 33624

Title: VP (X) Change () Addition
Name: JOHNSTON, ROBERT
Address: 4408 HOLLOW BRANCH CT.
City-St-Zip: TAMPA, FL 33624

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

Title: D (X) Change () Addition
Name: DRECHSLER, CHRISTY K
Address: 4416 PINE MEADOW CT.
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change () Addition
Name: ARMITAGE, RENATE E
Address: 4423 HOLLOW BRANCH CT.
City-St-Zip: TAMPA, FL 33624

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

04/24/2009

Electronic Signature of Signing Officer or Director

Date