

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01982

FILED
Apr 07, 2010
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
Name: SHUPARD, ELENA
Address: 9609 FOREST EDGE CT.
City-St-Zip: TAMPA, FL

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELENA SHUPARD

T

04/07/2010

Electronic Signature of Signing Officer or Director

Date