

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 4-21-95-B-4153-C

APPROVED AND FILED

95 APR 21 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22389 (3)**
1. Corporation Name
THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM I, INC.

Principal Place of Business Mailing Address
3480 E. LAKE ROAD SUITE C PALM HARBOR FL 34885 US
P O BOX 1448 PALM HARBOR FL 34882-8448

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **08/08/1987** 3a. Date of Last Report **04/28/1994**
4. FEI Number **592841856** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SCANNAVINO, DOMINICK
3480 E LAKE RD STE C
PALM HARBOR FL 34885**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MCGREGOR, ROBERT H
STREET ADDRESS	4807 SHEFFIELD DR.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	JODOW, RITA
STREET ADDRESS	4740 SHEFFIELD DR.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	STINGO, ALDO
STREET ADDRESS	4818 VESPER CT.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	PD
NAME	GOLDTHWAIT, BILL
STREET ADDRESS	4801 VESPER CT.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VD
NAME	GORTON, WILLIAM
STREET ADDRESS	4820 EASTFIELD CT.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D RICHARDSON, DONALD
3.3 STREET ADDRESS	4824 VESPER CT.
3.4 CITY-ST-ZIP	NEW PORT RICHEY FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Goldthwait 4-17-95 (813) 376-2089
DATE: _____ DAYTON # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR