

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

3490 E. LAKE ROAD  
SUITE C  
PALM HARBOR FL 34685  
US

P O BOX 1448  
PALM HARBOR FL 34682-8448

3. Date Incorporated or Qualified

09/08/1987

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2841856

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCANNAVINO, DOMINICK  
3490 E LAKE RD STE C  
PALM HARBOR FL 34685

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME TD  
MCGREGOR, ROBERT H  
STREET ADDRESS 4807 SHEFFIELD DR.  
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME DS  
JODOIN, RITA  
STREET ADDRESS 4740 SHEFFIELD DR.  
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE ☐ Change ☒ Addition

TITLE ☒ DELETE

NAME D  
STINGO, ALDO  
STREET ADDRESS 4816 VESPER CT.  
CITY-ST-ZIP NEW PORT RICHEY FL

2.2 NAME DS  
2.3 STREET ADDRESS PING, VERONICA D.  
2.4 CITY-ST-ZIP 4808 EASTFIELD CT.  
NEW PORT RICHEY, FL

TITLE ☐ DELETE

NAME PD  
GOLDTHWAIT, BILL  
STREET ADDRESS 4801 VESPER CT.  
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD  
GORTON, WILLIAM  
STREET ADDRESS 4820 EASTFIELD CT.  
CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
RICHARDSON, DONALD  
STREET ADDRESS 4824 VESPER CT  
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE ☐ Change ☐ Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)