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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
USP O BOX 1448
PALM HARBOR FL 34682-14483. Date Incorporated or Qualified
09/08/19873a. Date of Last Report
04/24/1996

4. FEI Number

59-2841856

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE
NAME MCGREGOR, ROBERT H
STREET ADDRESS 4807 SHEFFIELD DR.
CITY - ST - ZIP NEW PORT RICHEY FLTITLE DS ☐ DELETE
NAME PING, VERONICA D.
STREET ADDRESS 4808 EASTFIELD CT
CITY - ST - ZIP NEWPORT RICHEY FLTITLE PD ☐ DELETE
NAME GOLDTHWAIT, BILL
STREET ADDRESS 4801 VESPER CT.
CITY - ST - ZIP NEW PORT RICHEY FLTITLE VD ☒ DELETE
NAME GORTON, WILLIAM
STREET ADDRESS 4820 EASTFIELD CT.
CITY - ST - ZIP NEW PORT RICHEY FLTITLE D ☐ DELETE
NAME RICHARDSON, DONALD
STREET ADDRESS 4824 VESPER CT
CITY - ST - ZIP NEW PORT RICHEY FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE TREASURER ☐ Change ☒ Addition
1.2 NAME SHEFFIELD, CHARLES
1.3 STREET ADDRESS 4824 SHEFFIELD DRIVE
1.4 CITY - ST - ZIP NEW PORT RICHEY, FL 346552.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE SECRETARY ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE DIRECTOR ☐ Change ☒ Addition
6.2 NAME BILANCIONE, JOSEPH
6.3 STREET ADDRESS 4812 SHEFFIELD DRIVE
6.4 CITY - ST - ZIP NEW PORT RICHEY, FL 34655

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

WILLIAM GOLDTHWAIT 3/26/97 (813) 322-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068626

CR2E037 (9/96)