

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 11 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

Mailing Address: **P O BOX 1448  
PALM HARBOR FL 34682-1448**

3. Date Incorporated or Qualified: **09/08/1987**  
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2841856</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	23	28
Zip	Zip	Country	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCGREGOR, ROBERT H</b>
STREET ADDRESS	<b>4807 SHEFFIELD DR.</b>
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>PING, VERONICA D.</b>
STREET ADDRESS	<b>4808 EASTFIELD CT</b>
CITY - ST - ZIP	<b>NEWPORT RICHEY FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GOLDTHWAT, BILL</b>
STREET ADDRESS	<b>4801 VESPER CT.</b>
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GORTON, WILLIAM</b>
STREET ADDRESS	<b>4820 EASTFIELD CT.</b>
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RICHARDSON, DONALD</b>
STREET ADDRESS	<b>4824 VESPER CT</b>
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SHEFFIELD, CHARLES</b>
1.3 STREET ADDRESS	<b>4824 SHEFFIELD DRIVE</b>
1.4 CITY - ST - ZIP	<b>NEW PORT RICHEY, FL 34655</b>
2.1 TITLE	<b>VICE PRESIDENT</b> <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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>BILANCIONE, JOSEPH</b>
6.3 STREET ADDRESS	<b>4812 SHEFFIELD DRIVE</b>
6.4 CITY - ST - ZIP	<b>NEW PORT RICHEY, FL 34655</b>

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* **WILLIAM GOLDTHWAIT** 2/26/97 (813) 322-8185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068626

CR2E037 (9/96)