

FILE NOW: FILING FEE IS \$61.25

MONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 34682-9448

FILED

98 JUN -5 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/08/1987

4. FEI Number

59-2841856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITILE ☐ DELETE

NAME
SHEFFIELD, CHARLES
STREET ADDRESS
4824 SHEFFIELD DR.
CITY-ST-ZIP
NEW PORT RICHEY FL

TITILE ☐ DELETE

NAME
PING, VERONICA D.
STREET ADDRESS
4808 EASTFIELD CT
CITY-ST-ZIP
NEWPORT RICHEY FL

TITILE ☐ DELETE

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

TITILE ☒ DELETE

NAME
BILANCIONE, JOSEPH
STREET ADDRESS
4812 SHEFFIELD DR.
CITY-ST-ZIP
NEW PORT RICHEY FL

TITILE ☐ DELETE

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

TITILE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

[Signature]

813-934-3227

CR2E037 (10/97)