


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90038 049 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N22389</b>					
1. Corporation Name <b>THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM I, INC.</b>					
Principal Place of Business <b>3490 E. LAKE ROAD SUITE C PALM HARBOR FL 34685 US</b>			Mailing Address <b>P O BOX 1448 PALM HARBOR FL 34682-8448</b>		
2. Principal Place of Business <b>21 10730 U.S. 19</b> Suite, Apt. #, etc. <b>22 Suite 17</b> City & State <b>23 Port Richey, FL</b> Zip Country <b>24 34668 25 Pasco</b>		2a. Mailing Address <b>26 10730 U. S. 19</b> Suite, Apt. #, etc. <b>27 Suite 17</b> City & State <b>28 Port Richey, FL</b> Zip Country <b>29 34668 30 Pasco</b>		3. Date Incorporated or Qualified <b>09/08/1987</b> 4. FEI Number <b>59-2841856</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SCANNAVINO, DOMINICK 3490 E LAKE RD STE C PALM HARBOR FL 34685</b>			10. Name and Address of New Registered Agent <b>81 Name Qualified Property Management, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 10730 U. S. Highway 19 83 Suite 17 84 City Port Richey FL 85 Zip Code 34668</b>		
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 <i>R. Russell</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME <b>L SHEFFIELD, CHARLES</b> STREET ADDRESS <b>4824 SHEFFIELD DR.</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL</b> TITLE <input type="checkbox"/> DELETE NAME <b>VP PING, VERONICA D.</b> STREET ADDRESS <b>4808 EASTFIELD CT</b> CITY-ST-ZIP <b>NEWPORT RICHEY FL</b> TITLE <input checked="" type="checkbox"/> DELETE NAME <b>PD GOLDTHWAIT, BILL -</b> STREET ADDRESS <b>4801 VESPER CT -</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL</b> TITLE <input type="checkbox"/> DELETE NAME <b>D COLUCCI, ALFRED</b> STREET ADDRESS <b>4748 WESTBURY COURT</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34655</b> TITLE <input checked="" type="checkbox"/> DELETE NAME <b>S- RICHARDSON, DONALD -</b> STREET ADDRESS <b>4824 VESPER CT -</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL -</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME <b>Bilancione, Jos.</b> 33 STREET ADDRESS <b>4812 Sheffield Dr.</b> 34 CITY-ST-ZIP <b>New Port Richey, FL</b> 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 52 NAME <b>Smith, Delores</b> 53 STREET ADDRESS <b>4774 Sheffield Drive</b> 54 CITY-ST-ZIP <b>New Port Richey, FL</b> 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)