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

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22389
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 34682-8448



2. Principal Place of Business
21 10730 U.S. 19
22 Suite 17
23 Port Richey, FL
24 34668
25 Pasco
2a. Mailing Address
26 10730 U.S. 19
27 Suite 17
28 Port Richey, FL
29 34668
30 Pasco
3. Date Incorporated or Qualified
09/08/1987
4. FEI Number
59-2841856
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution

9. Name and Address of Current Registered Agent
SCANNAVINO, DOMINICK
3490 E LAKE RD STE C
PALM HARBOR FL 34685
10. Name and Address of New Registered Agent
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

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]
Date: [Blank]

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE TD
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE PD
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE VD
32 NAME Bilancione, Jos.
33 STREET ADDRESS 4812 Sheffield Dr.
34 CITY-ST-ZIP New Port Richey, FL
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE SD
52 NAME Smith, Delores
53 STREET ADDRESS 4774 Sheffield Drive
54 CITY-ST-ZIP New Port Richey, FL
61 TITLE
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]
Date: [Blank]
Daytime Phone #: [Blank]

CR2E037 (1/198)