

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90028 003 ****61.25

DOCUMENT # N22389

1. Entity Name

THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM

Principal Place of Business

Mailing Address

10730 U.S. 19
 #17
 PORT RICHEY FL 34668
 US

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 #17
 PORT RICHEY FL 34668
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2841856

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUALIFIED PROPERTY MANAGEMENT, INC.
 10730 U.S. HIGHWAY 19
 STE 17
 PORT RICHEY FL 34668

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D-	<input checked="" type="checkbox"/> Delete
NAME	SHEFFIELD, CHARLES	
STREET ADDRESS	4824 SHEFFIELD DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PING, VERONICA D.	
STREET ADDRESS	4808 EASTFIELD CT	
CITY-ST-ZIP	NEWPORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BILANCIONE, JOSE	
STREET ADDRESS	4812 SHEFFIELD DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLUCCI, ALFRED	
STREET ADDRESS	4748 WESTBURY COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DELORES --	
STREET ADDRESS	4774 SHEFFIELD DRIVE --	
CITY-ST-ZIP	NEW PORT RICHEY FL --	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheffield, Charles	
STREET ADDRESS	4824-Sheffield-Drive--	
CITY-ST-ZIP	New-Port-Richey, FL-	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynch, W.	
STREET ADDRESS	4730 Sheffield Drive	
CITY-ST-ZIP	New Port Richey, FL	
TITLE	SDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eder, Nancy	
STREET ADDRESS	4820 Eastfield Ct.	
CITY-ST-ZIP	New Port Richey, FL	

i2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Veronica D. Ping **VERONICA D. PING** 3/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)