

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22389

1. Entity Name

THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM

Principal Place of Business

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

Mailing Address

10730 U.S. 19
#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- ☒ Delete
NAME SHEFFIELD, CHARLES
STREET ADDRESS 4824 SHEFFIELD DR.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE DT- ☐ Change ☒ Addition
NAME Sheffield, Charles
STREET ADDRESS 4824-Sheffield-Drive--
CITY-ST-ZIP New-Port-Richey, FL

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BILANCIONE, JOSE
STREET ADDRESS 4812 SHEFFIELD DR.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COLUCCI, ALFRED
STREET ADDRESS 4748 WESTBURY COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME SMITH, DELORES --
STREET ADDRESS 4774 SHEFFIELD DRIVE --
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ Change ☒ Addition
NAME Lynch, W.
STREET ADDRESS 4730 Sheffield Drive
CITY-ST-ZIP New Port Richey, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SDT ☐ Change ☒ Addition
NAME Eder, Nancy
STREET ADDRESS 4820 Eastfield Ct.
CITY-ST-ZIP New Port Richey, FL

I, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

Daytime Phone #

CR2E037 (9/99)