

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22389

1. Entity Name

THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90034 001 \*\*\*\*61.25

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

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PING, VERONICA D.	
STREET ADDRESS	4808 EASTFIELD CT	
CITY-ST-ZIP	NEWPORT RICHEY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>BILANCIONE, JOSE</del>	
STREET ADDRESS	<del>4812 SHEFFIELD DR.</del>	
CITY-ST-ZIP	<del>NEW PORT RICHEY FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>COLUGGI, ALFRED</del>	
STREET ADDRESS	<del>4748 WESTBURY COURT</del>	
CITY-ST-ZIP	<del>NEW PORT RICHEY FL 34655</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, W	
STREET ADDRESS	4730 SHEFFIELD DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	EDER, NANCY	
STREET ADDRESS	4820 EASTFIELD CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dickey, Linnea E.	
STREET ADDRESS	4809 Westbury Ct.	
CITY-ST-ZIP	New Port Richey, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pizzuti, Mildred	
STREET ADDRESS	4819 Vesper Ct.	
CITY-ST-ZIP	New Port Richey, FL	
TITLE	VD	<input checked="" 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		

12. 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

4/9/01  
Date

Daytime Phone #

CR2E037 (10/00)