

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22389

1. Entity Name

THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM  
I, INC.

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

4. FEI Number

59-2841856

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

TITLE D  
NAME PIZZUTI, MILDRED  
STREET ADDRESS 4819 VESPER COURT  
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

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

TITLE VD  
NAME LYNCH, W--  
STREET ADDRESS 4730 SHEFFIELD DR--  
CITY-ST-ZIP NEW PORT RICHEY FL ☒ Delete

TITLE VD  
NAME Brown, Robert  
STREET ADDRESS 4750 Sheffield Dr.  
CITY-ST-ZIP New Port Richey, FL ☐ Change ☒ Addition

TITLE SDI  
NAME EDER, NANCY---  
STREET ADDRESS 4820 EASTFIELD CT--  
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE STD  
NAME Reif, Eva  
STREET ADDRESS 4768 Sheffield Drive  
CITY-ST-ZIP New Port Richey, FL ☐ Change ☒ Addition

TITLE D  
NAME DICKEY, LINNEA E  
STREET ADDRESS 4809 WESTBURY COURT  
CITY-ST-ZIP NEW PRT RICHEY FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

# 2002 UNIFORM BUSINESS REPORT (UBR)

*Attachment*

0087564

DOCUMENT # **N22389**

*767579*

1. Entity Name  
**THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM I, INC.**

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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4808 EASTFIELD CT		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT RICHEY FL		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4819 VESPER COURT		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4730 SHEFFIELD DR		STREET ADDRESS	Brown, Robert	
CITY-ST-ZIP	NEW PORT RICHEY FL		CITY-ST-ZIP	4750 Sheffield Dr.	
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4820 EASTFIELD CT		STREET ADDRESS	Reif, Eva	
CITY-ST-ZIP	NEW PORT RICHEY FL		CITY-ST-ZIP	4768 Sheffield Drive	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4809 WESTBURY COURT		STREET ADDRESS		
CITY-ST-ZIP	NEW PRT RICHEY FL		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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) of the 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** *4/5/02*

CR2E037 (9/01)