

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90077 022 ****61.25

DOCUMENT # N22389

1. Entity Name

THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM I, INC.

Principal Place of Business

Mailing Address

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

0087564

DOCUMENT # **N22389** *767579*

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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number **59-2841856**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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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 _____

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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PING, VERONICA D. 4808 EASTFIELD CT NEWPORT RICHEY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZZUTI, MILDRED 4819 VESPER COURT NEW PORT RICHEY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYNCH, W--- 4730 SHEFFIELD DR--- NEW PORT RICHEY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDI EDER, NANCY--- 4820 EASTFIELD CT--- NEW PORT RICHEY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKEY, LINNEA E 4809 WESTBURY COURT NEW PRT RICHEY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Brown, Robert 4750 Sheffield Dr. New Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Reif, Eva 4768 Sheffield Drive New Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Veronica D. Ping* **VERONICA D. PING** *4/5/02*

CR2E037 (9/01)