## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 17, 2002 8:00 am Secretary of State **DOCUMENT # N22389** THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM 04-17-2002 90077 022 \*\*\*\*61 Principal Place of Business Mailing Address 10730 U.S. 19 10730 U.S. 19 PORT RICHEY FL 34668 PORT RICHEY FL 34668 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2841856 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name Street Address (P.O. Box Number is Not Acceptable) QUALIFIED PROPERTY MANAGEMENT, INC. 10730 U.S. HIGHWAY 19 **STE 17 PORT RICHEY FL 34668** City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition NAME PING. VERONICA D. NAME STREET ADDRESS 4808 EASTFIELD CT STREET ADDRESS CITY-ST-ZIP NEWPORT RICHEY FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition PIZZUTI, MILDRED NAME NAME STREET ADDRESS **4819 VESPER COURT** STREET ADDRESS CITY-ST-ZIF NEW PORT RICHEY FL CITY-ST-7IP TITLE Delete TITLE VĎ Change Addition NAME <del>LYNCH, W</del>--NAME Brown, Robert STREET ADDRESS -4730-SHEFFIELD DR - -STREET ADDRESS 4750 Sheffield Dr. CITY-ST-ZIP NEW PORT-RICHEY FL CITY-ST-ZIP New Port Richey, Fl SDI TITLE **D**Oelete TITLE ☐ Change Addition -EDER,-NANCY---NAME NAME Reif, Eva STREET ADDRESS 4820-EASTFIELD-CT-STREET ADDRESS 4768 Sheffield Drive CITY-ST-7IF NEW PORT RICHEY EL CITY-ST-ZIP New Port Richey, FL TITLE Delete TITLE Change Addition NAME DICKEY, LINNEA E NAME STREET ADDRESS 4809 WESTBURY COURT STREET ADDRESS CITY-ST-ZIP **NEW PRT RICHEY FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME 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), 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.

Date

Daytime Phone #

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Principal Place	Mailing Address											
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#17 PORT RICHEY FL 34668 US			#17 PORT RICHEY FL 34668 US									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number 59-2841856				<del></del>	plied For t Applicable
Zip Country		Zip		Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required						
	6. Name	and Address of Current R	egistered Agent	. ــ العوضية	"Name"		7. Name	and Add	iress of New	Registered A	gent	
QUALIFIED PROPERTY MANAGEMENT, INC.							P.O. Box Nu	ımber is	Not Acceptab	ole)	<del></del>	
-	. HIGHWAY	19		ļ								
STE 17 PORT RICHEY FL 34668					City FL Zip Code						9	
The above named entity submits this statement for the purpose of changing its registered						r rogistore	nd agent o	r both in	the state of F		<u></u> _	
o. The above	married entity	y additints this statement for	the pulpose of changing its	registere	a office of	registere	sa agent, o	1 5001, 11	i tile state of f	iorida.		
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOT	: Registered	Agent signat	ture requirea	when reinstating	g)		DATE		
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	FILE NOW	FEE IS \$61.25	9. Election Car Trust Fund C		_		<b>\$5.00</b> M Added to F			ake Check Departmen		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) unatures. 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 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 4/5/02