


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90043 037 \*\*\*\*61.25

**DOCUMENT # N22389**  
 1. Entity Name  
**THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM I, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>10730 U.S. 19<br>#17<br>PORT RICHEY FL 34668<br>US | Mailing Address<br>10730 U.S. 19<br>#17<br>PORT RICHEY FL 34668<br>US |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |   |   |
|--------------|--------------|------------------------------------|---|---|
| City & State | City & State | 4. FEI Number<br><b>59-2841856</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
|--------------|--------------|------------------------------------|---|---|

|     |         |     |         |   |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|-----|---------|-----|---------|---|



1st MOORE CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PING, VERONICA D.<br>4808 EASTFIELD CT<br>NEWPORT RICHEY FL <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>P</del><br><del>PIZZUTI, MILDRED</del><br><del>4819 VESPER COURT</del><br><del>NEW PORT RICHEY FL</del> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BROWN, ROBERT<br>4750 SHEFFIELD DR<br>NEW PORT RICHEY FL <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SDT<br>REIF, EVA<br>4768 SHEFFIELD DR<br>NEW PORT RICHEY FL <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DICKEY, LINNEA E<br>4809 WESTBURY COURT<br>NEW PRT RICHEY FL <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Pietrzak, Mary<br>4830 Sheffield Drive<br>New Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Veronica D. Ping* **VERONICA D. PING PRES.** **3/29/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #