



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90049 001 ****61.25

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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		01042006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2841856 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PING, VERONICA D.	NAME	Ping Veronica D.		
STREET ADDRESS	4888 EASTFIELD CT ---	STREET ADDRESS	10730 U.S. 19, Suite 17		
CITY-ST-ZIP	NEWPORT RICHEY, FL	CITY-ST-ZIP	Port Richey, FL		
TITLE	D <input type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIETRZAK, MARY --	NAME	Pietrzak, Mary		
STREET ADDRESS	4890 SHEFFIELD DRIVE --	STREET ADDRESS	10730 U.S. 19, Suite 17		
CITY-ST-ZIP	NEWPORT RICHEY, FL --	CITY-ST-ZIP	Port Richey, FL		
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, ROBERT --	NAME	Brown, Robert		
STREET ADDRESS	4750 SHEFFIELD DR --	STREET ADDRESS	10730 U.S. 19, Suite 17		
CITY-ST-ZIP	NEWPORT RICHEY, FL --	CITY-ST-ZIP	Port Richey, FL		
TITLE	SDT <input checked="" type="checkbox"/> Delete	TITLE	SDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REIF, EVA ----	NAME	Chapen, Mary Ann		
STREET ADDRESS	4788 SHEFFIELD DR ----	STREET ADDRESS	10730 U.S. 19, Suite 17		
CITY-ST-ZIP	NEWPORT RICHEY, FL	CITY-ST-ZIP	Port Richey, FL		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DIGKEY, LINNEA E --	NAME	Shannon, Mary Ann		
STREET ADDRESS	4889 WESTBURY COURT --	STREET ADDRESS	10730 U.S. 19, Suite 17		
CITY-ST-ZIP	NEWPORT RICHEY, FL	CITY-ST-ZIP	Port Richey, FL		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		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 exemptions contained in Chapter 119, 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: <u>Veronica D. Ping</u> VERONICA D. PING Jan. 25, 2006 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					