

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90064 043 ****61.25

0101681

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

Zip

Country

Zip

Country

4. FEI Number **59-2841856**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Veronica D. Ping **VERONICA D. PING** 2/27/03

CR2E037 (10/02)