FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25065** **(6)**

1. Corporation Name

THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM II, INC.

Principal Place of Business	Mailing Address
3490 E. LAKE ROAD SUITE C PALM HARBOR FL 34685- FL US	C/O MANAGEMENT & ASSOCIATES P O BOX 1448 PALM HARBOR FL 34682-8448

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1988
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2872561 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. The corporation has/will be eligible for tax under S. 193.022, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
3490 E. LAKE ROAD, SUITE C
9321 JARMAN LANE
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the # applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change ☐ Addition	
NAME	BAUER, WILLIAM	12 NAME		
STREET ADDRESS	4205 SHEFFIELD DR	13 STREET ADDRESS	4720 SHEFFIELD DR.	
CITY ST ZIP	NEW PORT RICHEY FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	☒ Change ☐ Addition	
NAME	ANDRES, JOHN	22 NAME		
STREET ADDRESS	2817 CARRINGTON CT	23 STREET ADDRESS	4744 CARRINGTON CT.	
CITY ST ZIP	NEW PORT RICHEY FL	24 CITY ST ZIP		
TITLE	SD	31 TITLE	☒ Change ☐ Addition	
NAME	EISTER, JAMES	32 NAME		
STREET ADDRESS	2800 CARRINGTON CT	33 STREET ADDRESS	4723 CARRINGTON CT.	
CITY ST ZIP	NEW PORT RICHEY FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE	☐ Change ☐ Addition	
NAME	HUBBARD, CATHERINE	42 NAME		
STREET ADDRESS	4638 SHEFFIELD DRIVE	43 STREET ADDRESS		
CITY ST ZIP	NEW PORT RICHEY FL	44 CITY ST ZIP		
TITLE	VD	51 TITLE	☐ Change ☐ Addition	
NAME	ENOS, JOSEPH	52 NAME		
STREET ADDRESS	4716 WALLINGFORD CT.	53 STREET ADDRESS		
CITY ST ZIP	NEW PORT RICHEY FL	54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Bauer 4/25/95 (813) 372-9430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William Bauer

0020000