

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
USC/O MANAGEMENT & ASSOCIATES
P O BOX 1448
PALM HARBOR FL 34882-14483. Date Incorporated or Qualified
02/26/19883a. Date of Last Report
05/01/1996

4. FEI Number

59-2872561

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BAUER, WILLIAM
STREET ADDRESS 4720 SHEFFIELD DR.
CITY-ST-ZIP NEW PORT RICHEY FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME ANDRES, JOHN
STREET ADDRESS 4744 CARRINGTON CT.
CITY-ST-ZIP NEW PORT RICHEY FL21 TITLE DIRECTOR ☐ Change ☒ Addition
22 NAME BIFANO, VINCENT
23 STREET ADDRESS 4714 SHEFFIELD DRIVE
2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655TITLE SD ☐ DELETE
NAME EISTER, JAMES
STREET ADDRESS 4723 CARRINGTON CT.
CITY-ST-ZIP NEW PORT RICHEY FL31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME HUBBARD, CATHERINE
STREET ADDRESS 4638 SHEFFIELD DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME ENOS, JOSEPH
STREET ADDRESS 4716 WALLINGFORD CT.
CITY-ST-ZIP NEW PORT RICHEY FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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, WILLIAM BAUER 2/25/97 (813) 372-8185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088621

CR2E037 (9/96)