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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25065

1. Corporation Name

THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM
II, INC.

Principal Place of Business

3490 E. LAKE ROAD
SUITE C
PALM HARBOR FL 34685- FL
US

Mailing Address

C/O MANAGEMENT & ASSOCIATES
P O BOX 1448
PALM HARBOR FL 34682-8448



2. Principal Place of Business

21 1050-A East Lake

Suite, Apt. #, etc.

22 Woodlands Pkwy.

City & State

23 Oldsmar, FL

Zip Country

24 34677 25 US

2a. Mailing Address

26 1050-A East Lake

Suite, Apt. #, etc.

27 Woodlands Pkwy.

City & State

28 Oldsmar, FL

Zip Country

29 34677 30 US

3. Date Incorporated or Qualified

02/26/1988

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

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)

1050-A East Lake Woodlands Pkwy.

83

84 City

Oldsmar

FL

85 Zip Code

34677

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

Dominick Scannavino

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	1.1 TITLE	VPD
NAME	BAUER, WILLIAM	1.2 NAME	Howard Sobin
STREET ADDRESS	4720 SHEFFIELD DR.	1.3 STREET ADDRESS	4735 Carrington Ct.
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	D	2.1 TITLE	TB
NAME	BIFANO, VINCENT	2.2 NAME	
STREET ADDRESS	4714 SHEFFIELD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	D
NAME	BUCHANAN, WALLACE	3.2 NAME	Marge Arcieri
STREET ADDRESS	4724 SHEFFIELD DR	3.3 STREET ADDRESS	4722 Wallingford Ct.
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	TD	4.1 TITLE	
NAME	HUBBARD, CATHERINE	4.2 NAME	
STREET ADDRESS	4638 SHEFFIELD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	PD
NAME	ENOS, JOSEPH	5.2 NAME	
STREET ADDRESS	4716 WALLINGFORD CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Joseph Enos

Date

Daytime Phone #

CR2E037 (11/98)