

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90091 050 ****61.25

DOCUMENT # N25065

1. Entity Name

THE ASSOCIATION OF CEDARWOOD VILLAGE CONDOMINIUM

718151



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1050-A EAST LAKE WOODLANDS PKWY
OLDSMAR FL 34677
US

Mailing Address
1050-A EAST LAKE WOODLANDS PKWY
OLDSMAR FL 34677-2328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2872561

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCANNAVINO, DOMINICK
1050-A EAST LAKE WOODLANDS PKWY
OLDSMAR FL 34677

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
SOBIN, HOWARD
4735 CARRINTON CT
NEW PORT RICHEY FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
BIFANO, VINCENT
4714 SHEFFIELD DR.
NEW PORT RICHEY FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
ARCIERI, MARGE
4722 WALLINGFORD CT.
NEW PORT RICHEY, FL 34661

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
BUCHANAN, WALLACE
4724 SHEFFIELD DR
NEW PORT RICHEY FL

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
ARCIERI, MARGE
4722 WALLINGFORD CT
NEW PORT RICHEY FL

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
JARMAN, HOWARD
4648 WALLINGTON COURT
NEW PORT RICHEY, FL 34661

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
ENOS, JOSEPH
4716 WALLINGFORD CT.
NEW PORT RICHEY FL

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 **(727) 376-6666**

Date

Daytime Phone #

CR2E037 (9/99)