

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90160 004 \*\*\*\*61.25

**DOCUMENT # N25065**

1. Entity Name  
**THE ASSOCIATION OF CEDARWOOD VILLAGE  
CONDOMINIUM II, INC.**



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 US**

**50024547**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-NP

CR2E037 (10/03)

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. 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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SOBIN, HOWARD ☒ Delete  
STREET ADDRESS 4735 CARRINGTON CT  
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE PD  
NAME ROSSI, ANDREW ☐ Change ☒ Addition  
STREET ADDRESS 4654 SHEFFIELD DR.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE SD  
NAME TILLER, ANN ☒ Delete  
STREET ADDRESS 4643 WALLINGFORD CT  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE SD  
NAME ENOS JOSEPH ☐ Change ☒ Addition  
STREET ADDRESS 4716 WALLINGFORD CT.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE VD  
NAME SCHOEFER, ALMA ☐ Delete  
STREET ADDRESS 4708 SHEFFIELD DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME KOLASA, SHIRLEY ☐ Delete  
STREET ADDRESS 4740 CARRINGTON CT  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/25/05**