

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90028 020 ****61.25

DOCUMENT # N25065

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



Principal Place of Business
**701 ENTERPRISE ROAD EAST
SUITE 704
SAFETY HARBOR, FL 34695 US**

Mailing Address
**701 ENTERPRISE ROAD EAST
SUITE 704
SAFETY HARBOR, FL 34695 US**

40100781



04082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2872561

Applied For
Not Applicable

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

~~STANFRONT, JOSEPH R 5500
1007 BAYSHORE DRIVE
DUNEDIN, FL 34698~~

Name
Russell MARLOWE
Street Address (P.O. Box Number is Not Acceptable)
**4030 CAWTHO DEL RIO DRIVE
SUITE 101
NEWPORT RICHEY FL 34655**

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

5/8/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SOBIN, HOWARD R
4735 CARRINGTON COURT
NEW PORT RICHEY, FL 34655 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MARKEY, PHILLIP
4659 WALLINGFORD COURT
NEW PORT RICHEY, FL 34655 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
THOMPSON, THOMAS
4736 CARRINGTON COURT
NEW PORT RICHEY, FL 34655 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BUCCINA, BRUNO
4634 SHEFFIELD DRIVE
TARPON SPRINGS, FL 34655 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NETTIE STRIVE ☐ Change ☒ Addition
**4729 CARRINGTON CT
New Port Richey, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:

Howard R. Sobin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #