

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35866

FILED
Feb 28, 2009
Secretary of State

Entity Name: CEDAR WOODS II ASSOCIATION, INC.

Current Principal Place of Business:

22441 WESTCHESTER BLVD
PORT CHARLOTTE, FL 339808469 US

New Principal Place of Business:

Current Mailing Address:

100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0190552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOAN F
100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: HERMAN, ADRIAN
Address: 21459 LANDIS AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VPD () Delete
Name: MACDONALD, HUGH
Address: 22441 WESTCHESTER BLVD 1500 E
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: PDD () Delete
Name: HOLOWICH, MIKE
Address: 22441 W CHESTER BLVD
City-St-Zip: CHARLOTTE HARBOR, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: HERMAN, ADRIAN
Address: 21459 LANDIS AVE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: VPD (X) Change () Addition
Name: MACDONALD, HUGH
Address: 22441 WESTCHESTER BLVD 1500 E
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: PDD (X) Change () Addition
Name: HOLOWICH, MIKE
Address: 22441 WESTCHESTER BLVD 1100A
City-St-Zip: CHARLOTTE HARBOR, FL 33980 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE HOLOWIAK

PRES

02/28/2009

Electronic Signature of Signing Officer or Director

Date