


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # N98000001301 1. Entity Name CEDARWOOD HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 3832-010 BAYMEADOWS RD #219 JACKSONVILLE, FL 32217	Mailing Address 3832-010 BAYMEADOWS RD #219 JACKSONVILLE, FL 32217	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ELLINOR, JANIS K 9418 CEDAR DELL CT JACKSONVILLE, FL 32257		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FARLEY, HARRY L JR. 9402 CEDAR DELL CT JACKSONVILLE, FL 32267	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWAK, BOB 9426 CEDAR DELL CT JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RUBIN, DEVON 9411 CEDAR DELL CT JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 all other like empowered.		
SIGNATURE: <u>Devon Rubin</u> (Devon Rubin) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-10-06 <small>Date</small> 904-737-2157 <small>Daytime Phone #</small>



04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3588215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/06-80030-001 70.00^M