

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001301

FILED
Jan 26, 2009
Secretary of State

Entity Name: CEDARWOOD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3832-010 BAYMEADOWS RD
#219
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

3832-010 BAYMEADOWS RD
#219
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3588215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLINOR, JANIS K
9418 CEDAR DELL CT
JACKSONVILLE, FL 32257 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: DP () Delete
Name: FARLEY, HARRY L JR.
Address: 9402 CEDAR DELL CT
City-St-Zip: JACKSONVILLE, FL 32267

Title: VP () Delete
Name: SCHWAK, BOB
Address: 9426 CEDAR DELL CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: TS () Delete
Name: RUBIN, DEVON
Address: 9411 CEDAR DELL CT
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHWAK, BOB
Address: 9426 CEDAR DELL CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Change () Addition
Name: SOVA, JOE
Address: 9434 CEDAR DELL CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: TS (X) Change () Addition
Name: KHADOUR, FIRAS
Address: 9427 CEDAR DELL CT
City-St-Zip: JACKSONVILLE, FL 32257

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: FIRAS KHADOUR

TS

01/26/2009

Electronic Signature of Signing Officer or Director

Date