

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90003 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000005126

1. Corporation Name
CEDAR WAY HOMEOWNERS ASSOCIATION, INC.

6 8 2 8 5 - 9 0 0 0 3 - 2 8 5 *

Principal Place of Business: 4400 W. SAMPLE RD., STE. 200 TOWNSHIP PLAZA COCONUT CREEK FL 33073-3450
 Mailing Address: 4400 W. SAMPLE RD., STE. 200 TOWNSHIP PLAZA COCONUT CREEK FL 33073-3450



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0886973	
22	City & State	27	City & State	Applied For <input checked="" type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MINTO TOWNGATE LIMITED PARTNERSHIP ATTN: MICHAEL GREENBERG 4400 W. SAMPLE RD., STE. 200 COCONUT CREEK FL 33073-3450				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEER, T. R.	1.2 NAME	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENT, GARY	2.2 NAME	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, FRANK	3.2 NAME	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Rodgers* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 8/17/99 DAYTIME PHONE #: 954-973-4490

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CR2E037 (5/99)