

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

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
Applied For
☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

24 25 29 30

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 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BEER, T. R.
STREET ADDRESS 4400 W. SAMPLE RD., STE. 200
CITY-ST-ZIP COCONUT CREEK FL 33073-3450
☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME CLEMENT, GARY
STREET ADDRESS 4400 W. SAMPLE RD., STE. 200
CITY-ST-ZIP COCONUT CREEK FL 33073-3450
☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DST
NAME RODGERS, FRANK
STREET ADDRESS 4400 W. SAMPLE RD., STE. 200
CITY-ST-ZIP COCONUT CREEK FL 33073-3450
☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 OF FRANK RODGERS 8/17/99 954-973-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003165

CR2E037 (5/99)