

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005126

1. Entity Name

CEDAR WAY HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90058 038 ****61.25

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 33073-3473

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0886973

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. 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

Susan P. Bakalar, P.A.
Attorney at Law
2240 SW 70th Avenue, Suite D
Davie, FL 33317

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.

SIGNATURE

Susan P. Bakalar

Signature, typed or printed name

(NOTE: Registered Agent signature required when reinstating)

3/10/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BEER, T. R.	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CLEMENT, GARY	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, FRANK	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Mandel Bloom	
STREET ADDRESS	2124 NW 157 Ave	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jaime Valdivia	
STREET ADDRESS	15744 NW 24 St.	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael H. Hagerl	
STREET ADDRESS	2373 NW 159 Ave	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Alan Mandel Bloom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)