**∞2001 UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # NOROCOSID Apr 11, 2001 8:00 am 1. Entity Name Secretary of State Cedar Way Homewners Association, Inc. 04-11-2001 90136 036 \*\*\*\*61.25 Principal Place of Business Mailing Address The Continental Group The Continental Group 1067 Shotgun Road 1067 Shotgun Road A0047165 Sunrise, FL 33326 Sunrise, F1 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0886973 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Susan Bakalar Bakalar, Brough & Chadrow, P.A. 2240 SW 70 Avenue, Unit D Attorneys at Law Davie, FL 33317 2240 SW 70th Avenue, Suite D Ft. Lauderdale, 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 , FILE NOW: 9. Election Campaign Financing: Make Check-Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ,10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THILE ☐ Defete TITLE ☐ Change ☐ Addition Allan Mandelbloom NAME NAME STREET ADDRESS STREET ADDRESS 2124 NW 157 Avenue CITY-ST-ZÍP CITY-ST-ZIP <u>Pembroke Pines, FL</u> 33028 ☐ Change ☐ Addition TITLE Delete TIT! F NAME Neal Bloom NAME STREET ADDRESS STREET ADDRESS .2248 NW 158 Avenue ... CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines, FL ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME Jaime Valdivia STREET ADDRESS STREET ADDRESS 1744 NW 24 Street CITY-ST-ZIE CITY-ST-ZIP <u>Pembroke Pines. FL.</u> ☐ Delete TITLE Change Addition  $^{\mathrm{T}}$  ANTONIETA NAME Antoinette Alorro STREET ADDRESS STREET ADDRESS 2101 NW 157 Avenue CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines, FL · 33028 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP T(T) F □ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ALAN MANDELBLOOM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/00)