

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**  
 04-11-2001 90136 036 \*\*\*\*61.25

**DOCUMENT #** N98000005126  
 1. Entity Name  
**Cedar Way Homewners Association, Inc.**

Principal Place of Business      Mailing Address  
**c/o The Continental Group      The Continental Group**  
 1067 Shotgun Road      1067 Shotgun Road  
 Sunrise, FL 33326      Sunrise, FL 33326

**A0047165**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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  
**Susan Bakalar**  
 2240 SW 70 Avenue, Unit D  
 Davie, FL 33317

7. Name and Address of New Registered Agent  
**Bakalar, Brough & Chadrow, P.A.**  
 Attorneys at Law  
 2240 SW 70<sup>th</sup> 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 *[Signature]* **ON BEHALF OF BAKALAR, BROUGH & CHADROW PA**      DATE **4/5/2001**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      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 NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ALAN</b> Allan Mandelbloom 2124 NW 157 Avenue Pembroke Pines, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Neal Bloom 2248 NW 158 Avenue Pembroke Pines, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jaime Valdivia 1744 NW 24 Street Pembroke Pines, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>ANTONIETA</b> Antoinette Alorro 2101 NW 157 Avenue Pembroke Pines, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **ALAN MANDELBLAUM**      Date **03/27/01**      Daytime Phone # **(305) 4187218**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (11/00)