

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90087 005 ****61.25

DOCUMENT # N98000005126

1. Entity Name

CEDAR WAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GROUP
 1067 SHOTGUN ROAD
 SUNRISE FL 33326

C/O THE CONTINENTAL GROUP
 1067 SHOTGUN ROAD
 SUNRISE FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

The Continental Group, Ltd.

City & State

**2950 North 28th Terrace
 Hollywood, Florida 33020**

Zip

Country

Country

4. FEI Number

65-0886973

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKALAR, SUSAN P PA
 ATTORNEY AT LAW
 2240 SW 70TH AVENUE STE D
 DAVIE FL 33317**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD MANDELBLOOM, ALAN**
 STREET ADDRESS **2124 NW 157 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD BLOOM, NEAL**
 STREET ADDRESS **2248 NW 158 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD VALDIVIA, JAMIE**
 STREET ADDRESS **1744 NW 24 STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T ALORRO, ANTONIETA**
 STREET ADDRESS **2101 NW 157 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: **SIGNATURE REQUIRED ANTONIETA ALORRO**

01/25/02

305-292-4081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)