

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005126</b>					
1. Entity Name <b>CEDAR WAY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2950 N. 28TH TERRACE HOLLYWOOD FL 33020</b>			Mailing Address <b>2950 N. 28TH TERRACE HOLLYWOOD FL 33020</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. # etc.			
City & State		City & State		4. FEI Number <b>65-0886973</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAKALAR, BROUGH &amp; CHADROW, P.A. 150 S. PINE ISLAND ROAD, SUITE 540 WESTSIDE CORPORATE CENTER PLANTATION FL 33324-2669</b>			7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANDELBLOOM, ALAN		NAME		
STREET ADDRESS	2124 NW 157 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL 33028		CITY - ST - ZIP	100000063722 02/23/04-80170-013 61.25	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOOM, NEAL		NAME		
STREET ADDRESS	2248 NW 158 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL 33028		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALDIVIA, JAMIE		NAME		
STREET ADDRESS	1744 NW 24 STREET		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL 33028		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #