


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

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

| | | | | | |
|---|-------------------------|--|---|---|----------|
| DOCUMENT # N98000005126 | | | |  | |
| 1. Entity Name CEDAR WAY HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2950 N. 28TH TERRACE HOLLYWOOD FL 33020 | | | Mailing Address 2950 N. 28TH TERRACE HOLLYWOOD FL 33020 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt #, etc. | | Suite, Apt. # etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0886973 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BAKALAR, BROUGH & CHADROW, P.A. 150 S. PINE ISLAND ROAD, SUITE 540 WESTSIDE CORPORATE CENTER PLANTATION FL 33324-2669 | | | 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 _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 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 | U00000063722 02/23/04-80170-013 61.25 | |
| STREET ADDRESS | 2124 NW 157 AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | | CITY-ST-ZIP | | |
| 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 | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALORRO, ANTONIETA | | NAME | | |
| STREET ADDRESS | 2101 NW 157 AVENUE | | 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 | | |



MOORE CR2E037 (11/03)

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 # _____