


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90280 036 ****61.25

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

20041765



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02252005 Chg-NP CR2E037 (10/03)

City & State
 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		7. Name and Address of New Registered Agent	
BAKALAR, BROUGH & CHADROW, P.A. 150 S. PINE ISLAND ROAD, SUITE 540 WESTSIDE CORPORATE CENTER PLANTATION, FL 33324-2669		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 _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MANDELBLOOM, ALAN 2124 NW 157 AVENUE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONALD TAGLE 2950 N 28TH TER. HOLLYWOOD, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLOOM, NEAL 2248 NW 158 AVENUE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDELBLOOM, ALAN 2950 N 28 TERRACE HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDIVIA, JAMIE 1744 NW 24 STREET PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLOOM, NEAL 2950 N 28 TERRACE HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALORRO, ANTONIETA 2101 NW 157 AVENUE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDIVIA JAMIE 2950 N. 28 TERRACE HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALORRO, ANTONIETA 2950 N. 28 TERRACE PEMBROKE PINES, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Alan Mandelbloom **4/15/05** **954-290-0635**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
Division of Corporations

20041765



2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	N98000005126
Business Entity Name	CEDAR WAY HOMEOWNERS ASSOCIATION, INC.
Original File Date	09/09/1998

FEI Number 65-0886973

Principal Address 2950 N. 28TH TERRACE
HOLLYWOOD, FL 33020

Mailing Address 2950 N. 28TH TERRACE
HOLLYWOOD, FL 33020

Registered Agent BAKALAR, BROUGH & CHADROW, P.A.
150 S. PINE ISLAND ROAD, SUITE 540
WESTSIDE CORPORATE CENTER
PLANTATION, FL 333242669 US

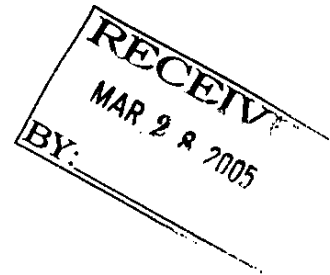
Officer/Director Name And Address

PD
ALAN MANDELBLOOM
2124 NW 157 AVENUE
PEMBROKE PINES, FL 33028

VPD
NEAL BLOOM
2248 NW 158 AVENUE
PEMBROKE PINES, FL 33028

SD
JAMIE VALDIVIA
1744 NW 24 STREET
PEMBROKE PINES, FL 33028

T
ANTONIETA ALORRO
2101 NW 157 AVENUE
PEMBROKE PINES, FL 33028



If all of the above information is correct and If you need to make changes to the