


**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**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MANDELBLOOM, ALAN<br>2124 NW 157 AVENUE<br>PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BLOOM, NEAL<br>2248 NW 158 AVENUE<br>PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>VALDIVIA, JAMIE<br>1744 NW 24 STREET<br>PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ALORRO, ANTONIETA<br>2101 NW 157 AVENUE<br>PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

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

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RONALD TAGLE<br>2950 N 28TH TER.<br>HOLLYWOOD, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MANDELBLOOM, ALAN<br>2950 N 28 TERRACE<br>HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BLOOM, NEAL<br>2950 N 28 TERRACE<br>HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>VALDIVIA JAMIE<br>2950 N. 28 TERRACE<br>HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ALORRO, ANTONIETA<br>2950 N. 28 TERRACE<br>PEMBROKE PINES, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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

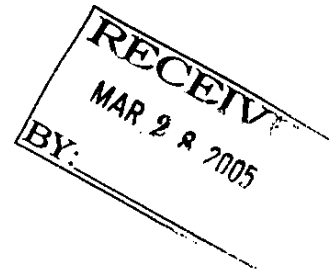
Officer/Director Name And Address

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