
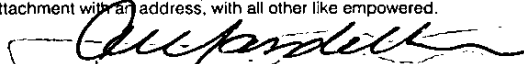


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90056 039 ****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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01102006 Chg-NP CR2E037 (11/05)			
4. FEI Number 65-0886973				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		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				
STREET ADDRESS	2950 N 28 TERRACE		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOOM, NEAL		NAME				
STREET ADDRESS	2950 N 28 TERRACE		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALDIVIA, JAMIE		NAME				
STREET ADDRESS	2950 N 28 TERRACE		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALORRO, ANTONIETA		NAME				
STREET ADDRESS	2950 N. 28 TERRACE		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAGLE, RONALD		NAME	TAGLE, RONALD			
STREET ADDRESS	12950 N 28TH TERRACE		STREET ADDRESS	2950 N. 28TH TERRACE			
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	HOLLYWOOD, FL 33020			
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 exemptions contained in Chapter 119, 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: 			Date: 1/12/06		Daytime Phone #: 954-290-0635		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		