

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90098 032 ****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
Suite, Apt. #, etc.

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

City & State

Zip Country Zip Country

4. FEI Number **65-0886973**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BAKALAR, BROUGH & CHADROW, P.A.
150 S. PINE ISLAND ROAD, SUITE 540
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

**Bakalar, Brough & Chadrow, P.A.
Westside Corporate Center
150 South Pine Island Road, Suite 540
Plantation, Fla. 33324-2669**

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: *Bakalar Brough & Chadrow PA* *B L Brough* *4/9/2003*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(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: *Antonietta Alorro*
SIGNATURE: ANTONIETA ALORRO

04/09/03

CR2E037 (10/02)