

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90058 038 \*\*\*\*61.25

**DOCUMENT # N98000005126**

1. Entity Name

**CEDAR WAY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4400 W. SAMPLE RD., STE. 200  
 TOWNSHIP PLAZA  
 COCONUT CREEK FL 33073-3450**

**4400 W. SAMPLE RD., STE. 200  
 TOWNSHIP PLAZA  
 COCONUT CREEK FL 33073-3473**

U S I N G



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0886973**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MINTO TOWNGATE LIMITED PARTNERSHIP  
 ATTN: MICHAEL GREENBERG  
 4400 W. SAMPLE RD., STE. 200  
 COCONUT CREEK FL 33073-3450**

**Susan P. Bakalar, P.A.  
 Attorney at Law  
 2240 SW 70<sup>th</sup> Avenue, Suite D  
 Davie, FL 33317**

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.

SIGNATURE *Susan P. Bakalar*  
Signature, typed or printed name

*3/10/2000*  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BEER, T. R.	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CLEMENT, GARY	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, FRANK	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ALAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Mandel Bloom	
STREET ADDRESS	2124 NW 157 Ave	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jaime Valdivia	
STREET ADDRESS	15744 NW 24 St.	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael H. Nagel	
STREET ADDRESS	2373 NW 159 Ave	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
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:

*Alan Mandel Bloom*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alan Mandel Bloom*  
 DATE

*(305) 471-2858*  
 Daytime Phone #

CR2E037 (9/99)