

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008924

**FILED  
Jan 15, 2022  
Secretary of State  
7604256332CC**

**Entity Name:** CEDAR BEND AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4700 MILLENIA BOULEVARD  
SUITE 515  
ORLANDO, FL 32839

**Current Mailing Address:**

4700 MILLENIA BOULEVARD  
SUITE 515  
ORLANDO, FL 32839 US

**FEI Number: 16-1695385**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT PROFESSIONALS  
4700 MILLENIA BOULEVARD  
SUITE 515  
ORLANDO, FL 32839 US

*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: BRIAN HETHERTON**

**01/15/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MERRITT, MICHAEL  
Address        4700 MILLENIA BOULEVARD  
                  SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title            VP, DIRECTOR  
Name            MARTINEZ, ERVIN  
Address        4700 MILLENIA BOULEVARD  
                  SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title            SECRETARY, DIRECTOR  
Name            CARDENAS, BETTY  
Address        4700 MILLENIA BOULEVARD  
                  SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title            TREASURER, DIRECTOR  
Name            VODOLA, MARLENE  
Address        4700 MILLENIA BOULEVARD  
                  SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title            DIRECTOR  
Name            CURTO, ALEXANDRA  
Address        4700 MILLENIA BOULEVARD  
                  SUITE 515  
City-State-Zip: ORLANDO FL 32839

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL MERRITT**

**PRESIDENT**

**01/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date