

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005126

Entity Name: CEDAR WAY HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 21, 2025
Secretary of State
3489077013CC

Current Principal Place of Business:

C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
MARGATE, FL 33063

Current Mailing Address:

C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
MARGATE, FL 33063 US

FEI Number: 65-0886973

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOEDE, ADAMCZYK, DEBOEST & CROSS, PLLC
2030 MCGREGOR BLVD
FORT MYERS, FL 33901 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: RICHARD DEBOEST

01/21/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name KOCIS, CRAIG
Address C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title SECRETARY
Name LOPEZ, RENE
Address C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title TREASURER
Name HUFNAGEL, RONNIE
Address C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title PRESIDENT
Name ABBADI, RAMI
Address C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name SANTIAGO, IRIS
Address C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

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: RENE LOPEZ

SECRETARY

01/21/2025

Electronic Signature of Signing Officer/Director Detail

Date