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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24174 (7)

1. Corporation Name
CEDARS EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business LIGHTHOUSE MGMT AND REALTY 16 CHURCH ST OSPREY FL 34229 US	Mailing Address LIGHTHOUSE MGMT AND REALTY 16 CHURCH ST OSPREY FL 34229-9349 US
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3. Date Incorporated or Qualified 12/31/1987	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0149866	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LIGHTHOUSE MGMT AND REALTY
16 CHURCH ST
OSPREY FL 34229**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *J. Lloyd Keith, Managing Agent & Assist Secretary* DATE: **4/13/97**

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

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BROWNELL, ROGER	
STREET ADDRESS	15730 KILBIRNIE DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MELVIN COHN	
STREET ADDRESS	8610 N KELLEY	
CITY-ST-ZIP	SKOKIE IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCAIN, GREG	
STREET ADDRESS	SUITE 208, 1333 SHEPPARD ONE EAST	
CITY-ST-ZIP	WILLODALE ON	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EMIGH, GARY	
STREET ADDRESS	HUNT DEVELOPMENT - 1942 7TH STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOEGEL, DIETER	
STREET ADDRESS	RICARDA-HIGH-STR. 34	
CITY-ST-ZIP	D-61350 BAD HAMBURG GE	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	KEITH, J. LLOYD	
STREET ADDRESS	830 S TAMiami TR	
CITY-ST-ZIP	OSPREY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAPPAS, JAMES	
1.3 STREET ADDRESS	661 CEDARS CT	
1.4 CITY-ST-ZIP	Longboat Key, FL.	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STAR, LARRY	
2.3 STREET ADDRESS	4030 Gulf of Mexico Drive	
2.4 CITY-ST-ZIP	Longboat Key, FL.	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EMIGH, GARY	
3.3 STREET ADDRESS	HUNT Bldg - 15100 8TH ST	
3.4 CITY-ST-ZIP	BRADENTON, FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BOGEL, DIETER	
4.3 STREET ADDRESS	RICARDA - HIGH - STR 34	
4.4 CITY-ST-ZIP	D-61350 BAD HAMBURG, GE	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BROWNELL, ROGER	
5.3 STREET ADDRESS	15370 KILBIRNIE DR	
5.4 CITY-ST-ZIP	FORT MYERS, FL	
6.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KEITH, J. LLOYD	
6.3 STREET ADDRESS	16 CHURCH ST.	
6.4 CITY-ST-ZIP	OSPREY, FL.	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or on an attachment with an address.

SIGNATURE: *J. Lloyd Keith, Managing Agent & Assist Secretary* DATE: **4-13-97 9419616 844**

CFR2E037 (9/96)