

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N24174 (7)**  
 1. Corporation Name  
**CEDARS EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>LIGHTHOUSE MGMT AND REALTY 16 CHURCH ST OSPREY FL 34229 US</b>	Mailing Address <b>LIGHTHOUSE MGMT AND REALTY 16 CHURCH ST OSPREY FL 34229 US</b>
--	--

3. Date Incorporated or Qualified <b>12/31/1987</b>		
4. FEI Number <b>65-0149866</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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 <b>John Franklin</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>CEDARS EAST CONDO. ASSOC. INC.</b>	
83. <b>16 Church St.</b>	
84. City <b>Osprey, FL</b>	85. Zip Code <b>34229</b>

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 **John Franklin, Pres. (X)** (NOTE: Registered Agent signature required when reinstating) DATE **4-27-98**

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAPPAS, JAMES</b>	
STREET ADDRESS	<b>661 CEDARS CT</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STARR, LARRY</b>	
STREET ADDRESS	<b>4030 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EMIGH, GARY</b>	
STREET ADDRESS	<b>HUNT BLDG - 5100 87TH STREET</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOGEL, DIETER</b>	
STREET ADDRESS	<b>RICHARDA-HUCH-STR 34</b>	
CITY-ST-ZIP	<b>BAD HOMBURG GE</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWNELL, ROGER</b>	
STREET ADDRESS	<b>15370 KILBIRNIE DRIVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> DELETE
NAME	<b>LLOYD, KEITH J</b>	
STREET ADDRESS	<b>16 CHURCH STREET</b>	
CITY-ST-ZIP	<b>OSPREY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Franklin, John</b>	
1.3 STREET ADDRESS	<b>9 Kingsway Crescent</b>	
1.4 CITY-ST-ZIP	<b>ETOBICOKE, ONTARIO, CANADA M8X 2P9</b>	
2.1 TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>STOTYN, Rudy</b>	
2.3 STREET ADDRESS	<b>EQUATORIAL CANADA 13-286 ATWELL DR.</b>	
2.4 CITY-ST-ZIP	<b>Rexdale, ONTARIO, CANADA M9W 5B2</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Angelantoni, Leo</b>	
3.3 STREET ADDRESS	<b>76 KILORAN AVE</b>	
3.4 CITY-ST-ZIP	<b>Woodbridge, ONTARIO, CANADA L4L 3A8</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Chew, Shelly</b>	
4.3 STREET ADDRESS	<b>645 CEDARS CT.</b>	
4.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Cohen, Melvin</b>	
5.3 STREET ADDRESS	<b>8610 NORTH KEELER</b>	
5.4 CITY-ST-ZIP	<b>SKOKIE, IL 60076</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Emigh, GARY</b>	
6.3 STREET ADDRESS	<b>5106 187th St. East</b>	
6.4 CITY-ST-ZIP	<b>Bradenton, FL 34202</b>	

14. 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 annual report or supplemental agent 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 if changed, or on an attachment with an address.

SIGNATURE **(X) J Lloyd Keith** DATE **3-18-98** **941966844**

CR2E037 (10/97)