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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24174

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/31/1987

4. FEI Number

65-0149866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FRANKLIN, J
CEDARS EAST CONDO ASSOC INC
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, ASST SEC

2/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME FRANKLIN, J
STREET ADDRESS 9 KINGSWAY CRESCENT
CITY-ST-ZIP ETOBICOKE ON

TITLE VPD ☒ DELETE
NAME STOTYN, R
STREET ADDRESS EQUATORIAL CANADA 13-286 ATWELL DR
CITY-ST-ZIP REYDALE ON 2

TITLE SD ☐ DELETE
NAME ANGELANTONI, L
STREET ADDRESS 76 KILORAN AVE
CITY-ST-ZIP WOODBRIDGE ON L-3A8

TITLE TD ☐ DELETE
NAME CHEW, S P.O. Box 76300
STREET ADDRESS 645 CEDARS CT ST. PETERS BARG FL
CITY-ST-ZIP LONGBOAT KEY FL 34228 33734

TITLE D ☐ DELETE
NAME COHEN, M
STREET ADDRESS 8610 N KEELER
CITY-ST-ZIP SKOKIE IL 60076

TITLE D ☐ DELETE
NAME EMIGH, G
STREET ADDRESS 5100 187TH ST E
CITY-ST-ZIP BRADENTON FL 34202

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME SADOWSKI, RICHARD
1.3 STREET ADDRESS 62 OWLS FOOT CRESCENT
1.4 CITY-ST-ZIP AURORA, ONT CANADA L4G-5Z8

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME ASSIST. SEC
2.3 STREET ADDRESS J. LLOYD KEITH
2.4 CITY-ST-ZIP 16 CHURCH ST. OSPREY, FL 34229

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-8-99

Date

941 966 6849

Daytime Phone #

CR2E037 (11/98)