

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24174

1. Entity Name

**CEDARS EAST CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90024 039 \*\*\*\*61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0149866</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FRANKLIN, J CEDARS EAST CONDO ASSOC INC 16 CHURCH ST OSPREY FL 34229</b>				7. Name and Address of New Registered Agent Name <i>Melvin Cohen</i> Street Address (P.O. Box Number is Not Acceptable) <i>Cedars East Condo Assoc. Inc. 16 Church St.</i> City <i>Osprey</i> FL Zip <i>34229</i>			
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8. 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 *[Signature]*, *President* DATE *3-27-00*

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKLIN, J 9 KINGSWAY CRESCENT ETOBICOKE ON	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DP Cohen, Melvin 8610 North Keeler Skokie, IL 60076</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KEITH, J. LLOYD 16 CHURCH ST. OSPREY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DVP Ferguson, Darrell 53 Sleepy Hollow Rd. Andover, N.J. 07821</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANGELANTONI, L 76 KILORAN AVE WOODBIDGE ON L-3A8	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Newman, Ron 718 E. Oxhill Dr. White Lake, MI 48386</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHEW, S PO BOX 76300 ST PETERSBURG FL 33734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Noble, George 17 Wingate Rd. Lincoln, RI 02865</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, M 8610 N KEELER SKOKIE IL 60076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Gavin, Milo 73 Pileglen Crescent Nepean, Ontario, CAN K3H 0M9</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMIGH, G 5100 187TH ST E BRADENTON FL 34202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** DATE *4/12/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)