

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90074 001 ****61.25

DOCUMENT # N24174

1. Entity 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**

94052750



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0149866

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEITH, J LLOYD
CEDARS EAST CONDO ASSOC INC
16 CHURCH ST
OSPREY, FL 34229**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

J. Lloyd Keith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME NOBLE, GEORGE
STREET ADDRESS 17 WINGATE RD.
CITY-ST-ZIP LINCOLN, RI ☐ Delete

TITLE YPD
NAME Ronald Davis
STREET ADDRESS 824 Evergreen Pl.
CITY-ST-ZIP Longboat Key, FL 34208 ☐ Change ☒ Addition

TITLE AS
NAME KEITH, J. LLOYD
STREET ADDRESS 16 CHURCH ST
CITY-ST-ZIP OSPREY, FL 34229 ☐ Delete

TITLE TD
NAME Nick Nieman
STREET ADDRESS 515 Forest Way
CITY-ST-ZIP Longboat Key, FL 34208 ☐ Change ☒ Addition

TITLE D
NAME NETTER, JAMES
STREET ADDRESS 4444 OAK BEACH AVE
CITY-ST-ZIP OAK BEACH, NY 11702 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME D'AMICO, DOREEN
STREET ADDRESS 529 FOREST WAY
CITY-ST-ZIP LONGBOAT KEY, FL 34228 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP
NAME COHEN, M
STREET ADDRESS 8610 N KEELER
CITY-ST-ZIP SKOKIE, IL 60076 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME NEWMAN, RON
STREET ADDRESS 718 E OXHILL DR
CITY-ST-ZIP WHITE LAKE, MI 48386 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

916-6844

Daytime Phone #