

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24174

FILED
Mar 26, 2009
Secretary of State

Entity Name: CEDARS EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

LIGHTHOUSE PROPERTY MGMT
16 CHURCH ST
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

LIGHTHOUSE PROPERTY MGMT
16 CHURCH ST
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 65-0149866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, RONALD
824 EVERGREEN PL
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: KEITH, J. LLOYD
Address: 16 CHURCH ST
City-St-Zip: OSPREY, FL 34229

Title: VP () Delete
Name: GOODMAN, NANCY
Address: 8209 LILY STONE DRIVE
City-St-Zip: BETHESDA, MD 20817

Title: TD () Delete
Name: DAVIS, RONALD
Address: 824 EVERGREEN PLACE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P () Delete
Name: WILD, JOHN
Address: 17147 COMOURY LN
City-St-Zip: GROVER, MO 63040

Title: D () Delete
Name: NEWMAN, RON
Address: 718 E OXHILL DR
City-St-Zip: WHITE LAKE, MI 48386

Title: D () Delete
Name: SHELSKY, LISA
Address: 406 LOUDON ROAD
City-St-Zip: ALBANY, NY 12211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DAVIS, RONALD
Address: 824 EVERGREEN WAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D (X) Change () Addition
Name: PARKER, MARK
Address: 539 FOREST WAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D (X) Change () Addition
Name: KLAESENER, CORNELIA
Address: 601 CEDARS CT
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE SALUTER

MGR

03/26/2009

Electronic Signature of Signing Officer or Director

Date