

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N24174 (7)**

1. Corporation Name

**CEDARS EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

LIGHTHOUSE MGMT AND REALTY  
830 S TAMiami TR  
OSPREY FL 34229  
US

LIGHTHOUSE MGMT AND REALTY  
830 S TAMiami TR  
OSPREY FL 34229  
US



3. Date Incorporated or Qualified  
**12/31/1987**

3a. Date of Last Report  
**04/27/1995**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIGHTHOUSE MGMT AND REALTY  
~~830 S TAMiami TR~~  
OSPREY FL 34229

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-29-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P BROWNELL, ROGER**  
STREET ADDRESS **15730 KILBIRNIE DRIVE**  
CITY - ST - ZIP **FT. MYERS FL.**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Cohen, Melvin TD**  
1.3 STREET ADDRESS **8010 N Reeler**  
1.4 CITY - ST - ZIP **Skokie, IL 60076**

TITLE ☒ DELETE  
NAME **TD STARR, LARRY**  
STREET ADDRESS **4030 GULF OF MEXICO DRIVE**  
CITY - ST - ZIP **LONGBOAT KEY FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **VD MCCAIN, GREG**  
STREET ADDRESS **SUITE 208, 1333 SHEPPARD ONE EAST**  
CITY - ST - ZIP **WILLODALE ON**

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

TITLE ☐ DELETE  
NAME **S EMIGH, GARY**  
STREET ADDRESS **HUNT DEVELOPMENT - 1942 7TH STREET**  
CITY - ST - ZIP **SARASOTA FL**

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

TITLE ☐ DELETE  
NAME **D BOEGEL, DIETER**  
STREET ADDRESS **RICARDA-HIGH-STR. 34**  
CITY - ST - ZIP **D-61350 BAD HAMBURG GE**

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

TITLE ☐ DELETE  
NAME **ASD KEITH, J. LLOYD**  
STREET ADDRESS **830 S TAMiami TR**  
CITY - ST - ZIP **OSPREY FL**

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-29-96 941/9666844**

Date

Daytime Phone #

CR2E037 (12/95)