

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90158 003 ****61.25

DOCUMENT # N24174

1. Entity Name
CEDARS EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
LIGHHOUSE MGMT AND REALTY
16 CHURCH ST
OSPREY, FL 34229 US

Mailing Address
LIGHHOUSE MGMT AND REALTY
16 CHURCH ST
OSPREY, FL 34229 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Lighthouse Property Mgmt
16 Church Street
Osprey, FL 34229

Lighthouse Property Mgmt
16 Church Street
Osprey, FL 34229

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0149866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, ELIZABETH
LIGHHOUSE MANAGEMENT & REALTY
16 CHURCH ST
OSPREY, FL 34229

7. Name and Address of New Registered Agent

Name **RONALD DAVIS**
Street Address (P.O. Box Number is Not Acceptable)
824 EVERGREEN - PLACE
City **LONGBOAT KEY FL** Zip Code **34228**

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

John D Wild **JOHN D WILD, SECRETARY-TREASURER**

4-10-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

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

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

TITLE **VP** ☐ Delete
NAME DAVIS, RONALD
STREET ADDRESS 824 EVERGREEN PLACE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE **PO** ☐ Delete
NAME WILD, JOHN
STREET ADDRESS 16512 THUNDERHEAD CYN
CITY-ST-ZIP WILDWOOD, MO 63011

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

TITLE **TD** ☐ Delete
NAME WILSON, ELIZABETH
STREET ADDRESS 5380 GULF OF MEXICO DR., #181
CITY-ST-ZIP LONGBOAT KEY, FL 34228

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE Vice President ☐ Change ☒ Addition
NAME Gregg Herpst
STREET ADDRESS 539 Forest Way
CITY-ST-ZIP Longboat Key, FL 34228

TITLE Treasurer/Secretary ☒ Change ☐ Addition
NAME John Wild
STREET ADDRESS 17147 Camoulay Lane
CITY-ST-ZIP Grover, MD 21038

TITLE Director ☐ Change ☒ Addition
NAME Lisa Shelsky
STREET ADDRESS 406 Loudon RD
CITY-ST-ZIP Albany, NY 12211

TITLE Director ☒ Change ☐ Addition
NAME Betty Wilson
STREET ADDRESS 244 Shopping Avenue #264
CITY-ST-ZIP Sarasota, FL 34237-7125

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

John D Wild **JOHN D. WILD**

4-10-07

941 383 4253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #