

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 027 ****61.25

DOCUMENT # N24174 1. Entity Name CEDARS EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST OSPREY, FL 34229 US			Mailing Address LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST OSPREY, FL 34229 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, RONALD 824 EVERGREEN PL LONGBOAT KEY, FL 34228			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>John D Wild HOA Pres. (NO CHANGE IN REGISTERED AGENT) 2/5/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	AS KEITH, J. LLOYD 16 CHURCH ST OSPREY, FL 34229	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nancy Goodman 8209 Lilly Stone Drive Bethesda, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETTER, JAMES 4444 OAK BEACH AVE OAK BEACH, NY 11702	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa Shelsky 406 Loudon Road Albany, NY 12211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO TB DAVIS, RONALD 824 EVERGREEN PLACE LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	to P WILD, JOHN 17147 COMOURY LN GROVER, MO 63040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, RON 718 E OXHILL DR WHITE LAKE, MI 48386	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, BETTY 244 SHOPPING AVE #264 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>John D Wild</u> JOHN D WILD, PRES. HOA <u>2/5/08</u> <u>9413834253</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					