

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24174

**Entity Name:** CEDARS EAST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4134 GULF OF MEXICO DRIVE  
#203  
LONGBOAT KEY, FL 34228**Current Mailing Address:**C/O LIGHTHOUSE PROPERTY MANAGEMENT  
4134 GULF OF MEXICO DRIVE #203  
LONGBOAT KEY, FL 34228 US**FEI Number:** 65-0149866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE LAW OFFICES OF LOBECK & HANSON, P.A.  
2033 MAIN ST.  
#403  
SARASOTA, FL 34237 US*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**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOONEY, JOSEPH  
Address        4134 GULF OF MEXICO DRIVE  
                  #203  
City-State-Zip: LONGBOAT KEY FL 34228

Title            SECRETARY & TREASURER  
Name            MCGRELLIS, DIANE  
Address        4134 GULF OF MEXICO DRIVE  
                  #203  
City-State-Zip: LONGBOAT KEY FL 34228

Title            DIRECTOR  
Name            KALIL, BEV  
Address        4134 GULF OF MEXICO DRIVE  
                  #203  
City-State-Zip: LONGBOAT KEY FL 34228

Title            DIRECTOR  
Name            LARSEN, TOM  
Address        4134 GULF OF MEXICO DRIVE  
                  #203  
City-State-Zip: LONGBOAT KEY FL 34228

Title            VICE PRESIDENT  
Name            CHILSON, JOSH  
Address        4134 GULF OF MEXICO DRIVE  
                  #203  
City-State-Zip: LONGBOAT KEY FL 34228

Title            DIRECTOR  
Name            JINGST, DOUG  
Address        4134 GULF OF MEXICO DRIVE  
                  #203  
City-State-Zip: LONGBOAT KEY FL 34228

Title            DIRECTOR  
Name            KLAESENER, CONNIE  
Address        4134 GULF OF MEXICO DRIVE  
                  #203  
City-State-Zip: LONGBOAT KEY FL 34228

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSEPH MOONEY

PRESIDENT

02/07/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date