

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24174

Entity Name: CEDARS EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

LIGHTHOUSE PROPERTY MGMT
4134 GULF OF MEXICO DR. SUITE 203
LONGBOAT KEY, FL 34228

Current Mailing Address:

LIGHTHOUSE PROPERTY MGMT
4134 GULF OF MEXICO DR. SUITE 203
LONGBOAT KEY, FL 34228 US

FEI Number: 65-0149866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RADIN, ROBIN
C/O LIGHTHOUSE PROPERTY MANAGEMENT
4134 GULF OF MEXICO DR #203
LONGBOAT KEY, FL 34228 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: ROBIN RADIN

02/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RADIN, ROBIN
Address LIGHTHOUSE PROPERTY MGMT
 4134 GULF OF MEXICO DR. SUITE 203

City-State-Zip: LONGBOAT KEY FL 34228

Title VP
Name DOTY, PHILIP
Address LIGHTHOUSE PROPERTY MGMT
 4134 GULF OF MEXICO DR. SUITE 203

City-State-Zip: LONGBOAT KEY FL 34228

Title TREA/SECT
Name DAVIS, RON
Address LIGHTHOUSE PROPERTY MGMT
 4134 GULF OF MEXICO DR. SUITE 203

City-State-Zip: LONGBOAT KEY FL 34228

Title D
Name BURNS, JOHN
Address LIGHTHOUSE PROPERTY MGMT
 4134 GULF OF MEXICO DR. SUITE 203

City-State-Zip: LONGBOAT KEY FL 34228

Title D
Name KLAESENER, CORNELIA
Address LIGHTHOUSE PROPERTY MGMT
 4134 GULF OF MEXICO DR. SUITE 203

City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR
Name WILD, JOHN
Address LIGHTHOUSE PROPERTY MGMT
 4134 GULF OF MEXICO DR. SUITE 203

City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR
Name SHELSKY, RICHARD
Address LIGHTHOUSE PROPERTY MGMT
 4134 GULF OF MEXICO DR. SUITE 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: ROBIN RADIN

PRESIDENT

02/09/2015

