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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:45

DOCUMENT # **N24171** **(3)**

1. Corporation Name

CEDARS EAST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229 US	LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1987
3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0149864 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

LIGHTHOUSE MANAGEMENT AND REALTY
830 SOUTH TAMIAMI TRAIL
OSPREY FL 34229

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWNELL, ROGER	1.2 NAME	
STREET ADDRESS	15370 KILBRINIE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	VAUGHAN, CRAIG	2.2 NAME	
STREET ADDRESS	THE INTELLIVEST GROUP, 130 ALBERT ST #1500	2.3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA ON	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☑ Change ☐ Addition
NAME	BEATTIE, LYNN	3.2 NAME	D Cohen, Melvin
STREET ADDRESS	THE HEAFEY GROUP, 372 PRINCIPALE, #103	3.3 STREET ADDRESS	6610 N. Keeler
CITY-ST-ZIP	GATINEAU PQ	3.4 CITY-ST-ZIP	Skokie, IL 60076
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	J. LLOYD KEITH	4.2 NAME	
STREET ADDRESS	830 S TAMIAMI TR	4.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	LANOUE, DENIS	5.2 NAME	
STREET ADDRESS	THE HEAFEY GROUP, 372 PRINCIPALE, #103	5.3 STREET ADDRESS	
CITY-ST-ZIP	GATINEAU PQ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	DONNELLY, JAMES	6.2 NAME	T Donnelly, James
STREET ADDRESS	THE INTELLIVEST GROUP, 130 ALBERT ST #1500	6.3 STREET ADDRESS	The Intellivest Group, 130 Albert St #1500
CITY-ST-ZIP	OTTAWA ON	6.4 CITY-ST-ZIP	Ottawa ON

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)(i), 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: J. LLOYD KEITH 3-29-95 813 966 6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018143