FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:54

DOCUMENT # N30617 (7)

1. Corporation Name

CEDARS EAST CONDOMINIUM ASSOCIATION, SECTION TWO , INC.

Principal Place of Business	Mailing Address
LIGHTHOUSE MGMT AND REALTY 830 S TAMIAMI TR OSPREY FL 34229 US	LIGHTHOUSE MGMT AND REALTY 830S TAMIAMI TR OSPREY FL 34229 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1989
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0098070 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIGHTHOUSE MGMT AND REALTY 830 S TAMIAMI TRAIL OSPREY FL 34229	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	T	1.1 TITLE	SD	☐ Change ☑ Addition
NAME	BEATTIE, LYNN	1.2 NAME		
STREET ADDRESS	372 AVE. PRINCIPALE, SUITE 103	1.3 STREET ADDRESS	Heafey, Pierre 372 Principale, Ste 103	
CITY-ST-ZIP	GATINEOU PQ	1.4 CITY-ST-ZIP	Gatineau PQ J8T 6G4	
TITLE	S	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	COHEN, MELVIN	2.2 NAME	Cohen, Melvin	
STREET ADDRESS	8610 N. KEELER	2.3 STREET ADDRESS	8610 N. Keeler	
CITY-ST-ZIP	SKOKIE IL	2.4 CITY-ST-ZIP	Skokie, IL 60076	
TITLE	D	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	SEALE, JASON	3.2 NAME	Seale, Jason	
STREET ADDRESS	8 EAST 68TH ST.	3.3 STREET ADDRESS	8 East 68th St.	
CITY-ST-ZIP	HARVEY CEDARS NJ	3.4 CITY-ST-ZIP	Harvey Cedars, NJ 08008-0828	
TITLE	ASD	4.1 TITLE		☐ Change ☐ Addition
NAME	KEITH, J. LLOYD	4.2 NAME		
STREET ADDRESS	830 S TAMIAMI TR	4.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	PD	☐ Change ☑ Addition
NAME		5.2 NAME	Franklin, John	
STREET ADDRESS		5.3 STREET ADDRESS	9 Kingsway Crescent	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Etobicoke, ONT. Canada M8X 2P9	
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	Lanoue, Denis	
STREET ADDRESS		6.3 STREET ADDRESS	372 Principale, Ste 103	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Gatineau, QC J8T 6G4	

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.L. Keith 3-29-95 813 966 6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number