


FILE NOW: FILING FEE IS \$61.25

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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30617 (7)
 1. Corporation Name
CEDARS EAST CONDOMINIUM ASSOCIATION, SECTION TWO, INC.

Principal Place of Business LIGHTHOUSE MGMT AND REALTY 16 CHURCH ST OSPREY FL 34229 US	Mailing Address LIGHTHOUSE MGMT AND REALTY 16 CHURCH ST OSPREY FL 34229-8349 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1989		3a. Date of Last Report 04/17/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0098070		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LIGHTHOUSE MGMT AND REALTY 16 CHURCH ST 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			
				85 Zip Code FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE J. Lloyd Keith, Managing Agent + Assist. Secretary 4/12/97
 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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BATARSEH, AAMIR			1.2 NAME	FRANKLIN, JOHN		
STREET ADDRESS	23 KELLY THORNE DR			1.3 STREET ADDRESS	9 KINGSWAY CRESCENT		
CITY-ST-ZIP	ETOBICOKE ON			1.4 CITY-ST-ZIP	ETOBICOKE, ON		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, MELVIN			2.2 NAME	SEALE, JASON		
STREET ADDRESS	8610 N. KEELER			2.3 STREET ADDRESS	8 EAST 68TH ST.		
CITY-ST-ZIP	SKOKIE IL			2.4 CITY-ST-ZIP	HARVEY CEDARS, NJ		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEALE, JASON			3.2 NAME	COHEN, MELVIN		
STREET ADDRESS	8 EAST 68TH ST.			3.3 STREET ADDRESS	8610 NORTH KEELER		
CITY-ST-ZIP	HARVEY CEDARS NJ			3.4 CITY-ST-ZIP	SKOKIE, IL 60076		
TITLE	ASD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEITH, J. LLOYD			4.2 NAME	Keith, J. Lloyd		
STREET ADDRESS	830 S TAMiami TR			4.3 STREET ADDRESS	16 Church Street		
CITY-ST-ZIP	OSPREY FL			4.4 CITY-ST-ZIP	Osprey, FL.		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKLIN, SUSAN			5.2 NAME			
STREET ADDRESS	9 KINGSWAY CRESCENT			5.3 STREET ADDRESS			
CITY-ST-ZIP	ETOBICOKE ON			5.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANGELONTONI, LEO			6.2 NAME			
STREET ADDRESS	76 KILORAN AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	WOODBIDGE ON			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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 [Signature] 4-7-97 941911844

CR2E037 (9/96)