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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 # N30618 (5)

1. Corporation Name

CEDARS EAST CONDOMINIUM ASSOCIATION, SECTION THR EE, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1989
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0098067 ☐ 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 24 / Country 25	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	S	1.1 TITLE	SD ☑ Change ☐ Addition
NAME	LANOUE, DENIS	1.2 NAME	Heafy, Pierre
STREET ADDRESS	THE HEAFEY GROUP, 372 PRINICIPALE S103	1.3 STREET ADDRESS	372 Principale, Ste 103
CITY-ST-ZIP	GATINEAU PQ	1.4 CITY-ST-ZIP	Gatineau PQ J8T 6G4
TITLE	VP	2.1 TITLE	TD ☑ Change ☐ Addition
NAME	BAUGHAN, CRAIG	2.2 NAME	Vaughan, Craig
STREET ADDRESS	THE INTELLIVEST GROUP, 130 ALBERT ST S1500	2.3 STREET ADDRESS	The Intellivest Group, 130 Albert St, S1500
CITY-ST-ZIP	OTTAWA ON	2.4 CITY-ST-ZIP	Ottawa ON K1P 5G4
TITLE	T	3.1 TITLE	D ☑ Change ☐ Addition
NAME	BEATTIE, LYNN	3.2 NAME	Lanoue, Denis
STREET ADDRESS	THE HAEFEY GROUP, 372 PRINCIPALE, S103	3.3 STREET ADDRESS	372 Principale, Ste 103
CITY-ST-ZIP	GATINEAU PQ	3.4 CITY-ST-ZIP	Gatineau, PQ J8T 6G4
TITLE	P	4.1 TITLE	VD ☑ Change ☐ Addition
NAME	MCBRIDE, ROSS	4.2 NAME	McBride, Ross
STREET ADDRESS	THE INTELLIVEST GROUP, 130 ALBERT ST S1500	4.3 STREET ADDRESS	The Intellivest Group, 130 Albert St, S1500
CITY-ST-ZIP	OTTAWA ON	4.4 CITY-ST-ZIP	Ottawa ON K1P 5G4
TITLE	ASD	5.1 TITLE	☐ Change ☐ Addition
NAME	J. LLOYD KEITH	5.2 NAME	
STREET ADDRESS	830 S TAMIAMI TR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	PD ☑ Change ☐ Addition
NAME	DONNELLY, JAMES	6.2 NAME	Donnelly, James
STREET ADDRESS	THE INTELLIVEST GROUP, 130 ALBERT ST S1500	6.3 STREET ADDRESS	The Intellivest Group, 130 Albert St, Ste 1500
CITY-ST-ZIP	OTTAWA ON	6.4 CITY-ST-ZIP	Ottawa ON K1P 5G4

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 — Date — Daytime Phone #