

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30618 (5)

1. Corporation Name

CEDARS EAST CONDOMINIUM ASSOCIATION, SECTION THREE, INC.



Principal Place of Business

Mailing Address

LIGHTHOUSE MANAGEMENT AND REALTY
830 SOUTH TAMAMI TRAIL
OSPREY FL 34229
US

LIGHTHOUSE MANAGEMENT AND REALTY
830 SOUTH TAMAMI TRAIL
OSPREY FL 34229
US

3. Date Incorporated or Qualified

02/10/1989

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 **16 Church Street**

26 **16 Church Street**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Osprey, FL

28 City & State
Osprey, FL

24 Zip
34229

29 Zip
34229

25 Country
Sarasota

30 Country
Sarasota

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIGHTHOUSE MANAGEMENT AND REALTY
830 SOUTH TAMAMI TRAIL
OSPREY FL 34229

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

16 CHURCH STREET

83

84

City

Osprey

FL

85

Zip Code

34229

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

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-96

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE
NAME **HEAFY, PIERRE**
STREET ADDRESS **372 PRINCIPAL STE 103**
CITY-ST-ZIP **GATINEAU PQ**

TITLE **D** ☐ DELETE
NAME **VAUGHAN, CRAIG**
STREET ADDRESS **THE INTELLIVEST GROUP, 130 ALBERT ST S1500**
CITY-ST-ZIP **OTTAWA ON**

TITLE **D** ☒ DELETE
NAME **LANOUE, DENIS**
STREET ADDRESS **372 PRINCIPALE, STE 103**
CITY-ST-ZIP **GATINEAU PQ**

TITLE **VD** ☒ DELETE
NAME **MCBRIDE, ROSS**
STREET ADDRESS **THE INTELLIVEST GROUP, 130 ALBERT ST S1500**
CITY-ST-ZIP **OTTAWA ON**

TITLE **ASD** ☐ DELETE
NAME **J. LLOYD KEITH**
STREET ADDRESS **830 S TAMAMI TR**
CITY-ST-ZIP **OSPREY FL**

TITLE **D** ☐ DELETE
NAME **DONNELLY, JAMES**
STREET ADDRESS **THE INTELLIVEST GROUP, 130 ALBERT ST S1500**
CITY-ST-ZIP **OTTAWA ON**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P Rudy Stotyn** ☐ Change ☒ Addition
1.2 NAME **54 McKee Drive**
1.3 STREET ADDRESS **Caledon East, Ontario**
1.4 CITY-ST-ZIP **LONIEO**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VP Leo Angelantonio** ☐ Change ☒ Addition
3.2 NAME **76 Kiloran Ave.**
3.3 STREET ADDRESS **Woodbridge, Ontario, Canada**
3.4 CITY-ST-ZIP **L4L 3A8**

4.1 TITLE **S J.C. Bouche** ☐ Change ☒ Addition
4.2 NAME **372 Principale Ave.**
4.3 STREET ADDRESS **Gatineau, Quebec**
4.4 CITY-ST-ZIP **J8T 6G4**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96

Date

Daytime Phone #

941-966-6844

CR2E037 (12/95)