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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30618 (5)**
1. Corporation Name
**CEDARS EAST CONDOMINIUM ASSOCIATION, SECTION THR
EE, INC.**



Principal Place of Business 1 LIGHTHOUSE MANAGEMENT AND REALTY 16 CHURCH STREET OSPREY FL 34229 US	Mailing Address LIGHTHOUSE MANAGEMENT AND REALTY 16 CHURCH STREET OSPREY FL 34229-9349 US
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3. Date Incorporated or Qualified 02/10/1989	3a. Date of Last Report 04/17/1996
4. FEI Number 65-0098067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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
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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** DATE: **4/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE STO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUDY STOTYN		1.2 NAME SHARP, FRANK	
STREET ADDRESS 54 MCKEE DRIVE		1.3 STREET ADDRESS 4434 Cedar Springs Rd.	
CITY-ST-ZIP CALEDON EAST ON	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP BURLINGTON, ON	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE KIRKIS, PETER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VAUGHAN, CRAIG		2.2 NAME 514 RAT TRAY PARK DR.	
STREET ADDRESS THE INTELLIVEST GROUP, 130 ALBERT ST \$1500		2.3 STREET ADDRESS MISSISSAUGA, ON	
CITY-ST-ZIP OTTAWA ON		2.4 CITY-ST-ZIP MISSISSAUGA, ON	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE Lopes, Christopher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEO ANGELANTONI		3.2 NAME 3 Ribblesdale Drive	
STREET ADDRESS 76 KILORAN AVE.		3.3 STREET ADDRESS Whitby, ON	
CITY-ST-ZIP WOODBIDGE ON	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP Whitby, ON	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME S.J.C. BOUCHE		4.2 NAME	
STREET ADDRESS 372 PRINCIPALE AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP GATINEAU QU		4.4 CITY-ST-ZIP	
TITLE ASD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Keith, J. Lloyd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME J. LLOYD KEITH		5.2 NAME 16 Church St.	
STREET ADDRESS 830 S TAMiami TR		5.3 STREET ADDRESS Osprey, FL	
CITY-ST-ZIP OSPREY FL		5.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONNELLY, JAMES		6.2 NAME	
STREET ADDRESS THE INTELLIVEST GROUP, 130 ALBERT ST \$1500		6.3 STREET ADDRESS	
CITY-ST-ZIP OTTAWA 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: **J. Lloyd Keith, ASD Sec** 4-7-97 941 966 6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062724

CR2E037 (9/96)