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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **305591** (0)
1. Corporation Name
LIGHTHOUSE POINT MARINA, INC.

Principal Place of Business Mailing Address
2630 N E 29TH AVE **2630 N E 29TH AVE**
LIGHTHOUSE POINT FL 33064-5298 **LIGHTHOUSE POINT FL 33064-5298**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/27/1966 | 3a. Date of Last Report 04/19/1994 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FBI Number 58-1140310 | 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 | Country | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SPIEKER, DONALD J 2840 N.E. 23RD PL. POMPANO BEACH FL 33062 | | | | 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 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, as 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 provisions of Section 607.0501, Florida Statutes.

SIGNATURE: *Donald J. Spieker* (NOTE: Registered Agent signature required when transferring) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | S | 1. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDWARDS, DEBORAH ANNE | 1. 2 NAME | |
| STREET ADDRESS | 4040 NE 30TH AVE | 1. 3 STREET ADDRESS | |
| CITY - ST - ZIP | LIGHTHOUSE PT FL | 1. 4 CITY - ST - ZIP | |
| TITLE | D | 2. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDWARDS, DEBORAH A. | 2. 2 NAME | |
| STREET ADDRESS | 4040 NE 30TH AVENUE | 2. 3 STREET ADDRESS | |
| CITY - ST - ZIP | LIGHTHOUSE POINT FL | 2. 4 CITY - ST - ZIP | |
| TITLE | PD | 3. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPIEKER, DONALD J | 3. 2 NAME | |
| STREET ADDRESS | 2840 N E 23RD PL | 3. 3 STREET ADDRESS | |
| CITY - ST - ZIP | POMPANO BCH, FL 00000 | 3. 4 CITY - ST - ZIP | |
| TITLE | V | 4. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOPMEIER, ANNE | 4. 2 NAME | |
| STREET ADDRESS | 5001 BRADFORD DRIVE | 4. 3 STREET ADDRESS | |
| CITY - ST - ZIP | ANNADALE VA | 4. 4 CITY - ST - ZIP | |
| TITLE | | 5. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5. 2 NAME | |
| STREET ADDRESS | | 5. 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5. 4 CITY - ST - ZIP | |
| TITLE | | 6. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. 2 NAME | |
| STREET ADDRESS | | 6. 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or 13 of this filing as changed by or in attachment with an address.

SIGNATURE: *Donald J. Spieker* Donald J. Spieker 4/11/95/305-941-0227
(PRINT NAME AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Title Customer Number