

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 # 718085 (4)

1. Corporation Name

LIGHTHOUSE POINT PLAZA CONDOMINIUM APARTMENTS, I
NC.

Principal Place of Business

Mailing Address

4502 N FEDERAL HIGHWAY, BOX X
LIGHTHOUSE POINT FL 33064

4502 N FEDERAL HIGHWAY, BOX X
LIGHTHOUSE POINT FL 33064



3. Date Incorporated or Qualified
02/17/1970

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1297761

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASCONE, CONNIE
4502 N FEDERAL HWY
APT 221-C
LIGHTHOUSE POINT FL 33064

81

Name

RUSSELL, THOMAS J.

82

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

4502 N. FEDERAL HWY

83

APT 240

84

City

LIGHTHOUSE POINT

FL

85

Zip Code
33064

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

Thomas J. Russell

THOMAS J. RUSSELL, PRESIDENT

3/11/96

Signature, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASCONE, CONNIE	
STREET ADDRESS	4502 N FEDERAL HWY #221C	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBBINS, FRED	
STREET ADDRESS	4500 N FEDERAL HWY #370H	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JESZKE, MARGARET	
STREET ADDRESS	4502 N FEDERAL HWY #225C	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TRUE, GEORGE	
STREET ADDRESS	4500 N FEDERAL HWY #354F	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS J. RUSSELL	
1.3 STREET ADDRESS	4502 N. FEDERAL HWY #	
1.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FIRTER, CHRISTINA	
2.3 STREET ADDRESS	4500 N. FEDERAL HWY #	
2.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MURPHY, SANGA	
3.3 STREET ADDRESS	4502 N. FEDERAL HWY #	
3.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
4.1 TITLE	ADD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HUGGINS, ENGLEBERT	
4.3 STREET ADDRESS	4500 N. FEDERAL HWY #	
4.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

George C. True
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

954-943-7438

Daytime Phone #

CR2E037 (12/95)