

3-12-98 B 3186 C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 4502 N FEDERAL HIGHWAY, BOX X LIGHTHOUSE POINT FL 33064	Mailing Address 4502 N FEDERAL HIGHWAY, BOX X LIGHTHOUSE POINT FL 33064	3. Date Incorporated or Qualified 02/17/1970
		4. FEI Number 59-1297761
		Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 29	Country 30	

9. Name and Address of Current Registered Agent KAYE & ROGER P.A. 8261 NW 8TH WAY STE 103 FT LAUDERDALE FL 33309				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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, THOMAS J.		1.2 NAME	RUSSELL, THOMAS J.	
STREET ADDRESS	4502 N FEDERAL HWY #221C		1.3 STREET ADDRESS	4502 N FEDERAL HWY #240E	
CITY-ST-ZIP	LIGHTHOUSE PT FL		1.4 CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, KENNETH		2.2 NAME	REMALEY, FLOYD O.	
STREET ADDRESS	4502 N FEDERAL HWY #338		2.3 STREET ADDRESS	4500 N FEDERAL HWY #357G	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		2.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JANE A.		3.2 NAME	MURPHY, JANE A.	
STREET ADDRESS	4502 N FEDERAL HWY #225C		3.3 STREET ADDRESS	4502 N FEDERAL HWY #237E	
CITY-ST-ZIP	LIGHTHOUSE PT FL		3.4 CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUE, GEORGE C		4.2 NAME		
STREET ADDRESS	4500 N FEDERAL HWY #354		4.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL		4.4 CITY-ST-ZIP		
TITLE	ATO	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUFRIETER, ENGLEBERT		5.2 NAME		
STREET ADDRESS	4500 N FEDERAL HWY #246		5.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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 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, 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, on an attachment with an address.

SIGNATURE: George C True 3/6/98 954-782-1381

CR2E037 (10/97)