


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90428 020 \*\*\*\*61.25

<b>DOCUMENT # 718085</b> 1. Entity Name LIGHTHOUSE POINT PLAZA CONDOMINIUM APARTMENTS, INC.					
Principal Place of Business 4502 N FEDERAL HIGHWAY, BOX X LIGHTHOUSE POINT, FL 33064 US				Mailing Address 4502 N FEDERAL HIGHWAY, BOX X LIGHTHOUSE POINT, FL 33064 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY STE 103 FT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASATELLI, MARY ANN 4502 FEDERAL HWY LIGHTHOUSE PT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	director Bowen, Una Kaye 4502 N. Federal Hwy #231 Lighthouse Point FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD-FO KILIUS, PAUL 4502 FEDERAL HWY LIGHTHOUSE PT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	director Bingham, Charles 4500 N. Federal Hwy #201 Lighthouse Point FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NADEAU, NANCY 4502 FEDERAL HWY LIGHTHOUSE PT, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAVIS FISHER 4500 N Federal Hwy #245 Lighthouse Pt. FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO VPD MONAHAN, PAT 4502 FEDERAL HWY LIGHTHOUSE PT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUPREITER, BERT 4502 FEDERAL HWY LIGHTHOUSE PT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIPPES, GARY 4502 FEDERAL HWY LIGHTHOUSE PT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Mary Ann Casatelli</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Apr. 19, 2006</i> <i>954-782-732</i> <small>Date Daytime Phone #</small>		