

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 27, 2011**  
**Secretary of State**

DOCUMENT# 718085

**Entity Name:** LIGHTHOUSE POINT PLAZA CONDOMINIUM APARTMENTS, INC.**Current Principal Place of Business:**4502 N FEDERAL HWY  
LIGHTHOUSE POINT, FL 33064 US**New Principal Place of Business:****Current Mailing Address:**THE CONTINENTAL GROUP  
2950 NORTH 28TH TERRACE  
HOLLYWOOD, FL 33020 US**New Mailing Address:**THE CONTINENTAL GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US**FEI Number:** 59-1297761**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROGER, RANDALL K ESQ  
621 NW 53RD ST  
SUITE 300  
BOCA RATON, FL 33486 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KIPPES, GARY  
Address: 4500 N FEDERAL HIGHWAY, UNIT 146F  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VP  
Name: IACOVELLA, FRANK  
Address: 4500 N FEDERAL HIGHWAY, UNIT 305A  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: T  
Name: MACHERAS, BERNADETTE  
Address: 4500 N FEDERAL HIGHWAY, UNIT 112B  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: S  
Name: MOON, EVELYN  
Address: 4500 N FEDERAL HIGHWAY, UNIT 202A  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: AS  
Name: PHILIPSON, PHYLLIS  
Address: 4500 N FEDERAL HIGHWAY, UNIT 366H  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D  
Name: KILIUS, PAUL  
Address: 4500 N FEDERAL HIGHWAY, UNIT 346F  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY KIPPES

P

05/27/2011

Electronic Signature of Signing Officer or Director

Date