2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726801

FILED Mar 01, 2004 Secretary of State

Entity Name: LIGHTHOUSE BAY CONDOMINIUM ASSOCIATION, INC

New Principal Place of Business: Current Principal Place of Business: 2755 NE 28TH AVE LIGHTHOUSE POINT, FL 33064 **Current Mailing Address: New Mailing Address:** 2755 NE 28TH AVE LIGHTHOUSE POINT, FL 33064 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLADE, PAUL E 515 S FEDERAL HWY DEERFIELD BEACH, FL 33441 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RICCI, PATRICK JR TIM. THOMASON Name: Name: 2755 NE 23RD AVE. Address: 2755 NE 23RD AVE. Address: City-St-Zip: LIGHTHOUSE PT., FL 33064 City-St-Zip: LIGHTHOUSE PT., FL 33064 Title: () Delete Title: () Change () Addition Name: TOTTERDALE, MARTHA Name: Address: 2755 N.E. 28TH AVE. Address: LIGHTHOUSE POINT, FL 33064 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition JOHNS, TRACEY Name: SALVADOR, CAVALLARO Name: 2755 NE 28TH AVENUE 2755 NE 28TH AVENUE Address: Address: City-St-Zip: LIGHTHOUSE POINT, FL 33064 City-St-Zip: LIGHTHOUSE POINT, FL 33064 Title: () Delete Title: (X) Change () Addition Name: OBRIEN, GAIL Name: O'BRIEN, CEIL 2755 NE 28TH AVENUE Address: 2755 NE 28TH AVENUE Address: City-St-Zip: LIGHTHOUSE POINT, FL 33064 City-St-Zip: LIGHTHOUSE POINT, FL 33064 Title: () Delete Title: () Change (X) Addition SABATINI, RENE Name: Name: 2755 NE 28TH AVE Address: Address: LIGHTHOUSE POINT, FL 33064 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIM THOMASON PD 03/01/2004