SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:30

DOCUMENT # 743658 (7)

1. Corporation Name

LIGHTHOUSE POINT GARDENS NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1951 N.E. 39TH STREET LIGHTHOUSE POINT FL 33064	1951 N.E. 39TH STREET LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1978	3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1201636	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS $61.25
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BECKER POLIAKOFF & STREITFELD, P.A.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	WELCH, CHARLES	12 NAME	PTD Charles Welch
STREET ADDRESS	1951 N E 39TH ST	13 STREET ADDRESS	1951 N. E. 39th Street.
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	14 CITY-ST-ZIP	Lighthouse Point, Fl. 33064
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LATARTE, EUGENE	22 NAME	D Elsie Fryns
STREET ADDRESS	1951 N E 39TH ST	23 STREET ADDRESS	1951 N. E. 39thStreet
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	24 CITY-ST-ZIP	Lighthouse Point, Fl.33064
TITLE	TD	31 TITLE	☒ Change ☐ Addition
NAME	MICHELIN, DOROTHY	32 NAME	VSD Dorothy Michelin
STREET ADDRESS	1951 N E 39TH ST	33 STREET ADDRESS	1951 N. E. 39th Street
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	34 CITY-ST-ZIP	Lighthouse Point, Fl. 30064
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	SCHAEFFER, GLADYS	42 NAME	D Everett Phillips
STREET ADDRESS	1951 N E 39TH ST	43 STREET ADDRESS	1951 N. E. 39th Street
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	44 CITY-ST-ZIP	Lighthouse Point, Fl. 33064
TITLE	VD	51 TITLE	☒ Change ☐ Addition
NAME	SHANK, BUD	52 NAME	D George Ferstle
STREET ADDRESS	1951 N E 39TH ST	53 STREET ADDRESS	1951 N. E. 39th St.
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	54 CITY-ST-ZIP	Lighthouse Point, Fl.33064
TITLE	D	61 TITLE	☐ Change ☒ Addition
NAME	JONES, ROBERT	62 NAME	D Charles Reilly
STREET ADDRESS	1951 N E 39TH ST	63 STREET ADDRESS	1951 N.E. 39th Street
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	64 CITY-ST-ZIP	Lighthouse Point, Fl.33064

CR2E037 (3/95)

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)(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 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: Dorothy P. Michelin DOROTHY P. MICHELIN 6-9-95 782-8429
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0006855