SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $295)

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 21 AM 10:02

DOCUMENT # **749421** **(4)**

1. Corporation Name
LIGHTHOUSE SHORES MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
4745 S ATLANTIC AVENUE PONCE INLET FL 32127	4745 S ATLANTIC AVENUE PONCE INLET FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1979
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2028690 ☐ 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

SIMS, G LARRY
501 NORTH GRANDVIEW AVENUE
DAYTONA BEACH FL 32015

10. Name and Address of New Registered Agent

81 Name: Gerald B. Spencer
82 Street Address (P.O. Box Number is Not Acceptable): 4745 S. Atlantic Av. #102
83
84 City: Ponce Inlet FL 85 Zip Code: 32127

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: Gerald B. Spencer Manager — Gerald B Spencer — 6/6/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President / D	☒ Change ☐ Addition
NAME	ROMANO, FRANK J JR	12 NAME	John S. McKay	
STREET ADDRESS	4745 S ATLANTIC AVE 501	13 STREET ADDRESS	4745 S. Atlantic Av. #605	
CITY-ST-ZIP	PONCE INLET, FL 00000	14 CITY-ST-ZIP	Ponce Inlet, FL. 32127	
TITLE	PD	21 TITLE	Vice President / D	☒ Change ☐ Addition
NAME	MCKAY, JOHN S	22 NAME	Alan R. Hirsh	
STREET ADDRESS	4745 S ATLANTIC AVE, S-605	23 STREET ADDRESS	4745 S. Atlantic Av. #402	
CITY-ST-ZIP	PONCE INLET, FL 00000	24 CITY-ST-ZIP	Ponce Inlet, FL. 32127	
TITLE	SD	31 TITLE	Sec / D	☒ Change ☐ Addition
NAME	REPASKY, ANDREW P	32 NAME	Andrew P. Repasky	
STREET ADDRESS	4745 S. ATLANTIC AVENUE	33 STREET ADDRESS	4745 S. Atlantic Av. #301	
CITY-ST-ZIP	PONCE INLET, FL 00000	34 CITY-ST-ZIP	Ponce Inlet, FL. 32127	
TITLE	VD	41 TITLE	Treasurer / D	☒ Change ☐ Addition
NAME	RHODES, EDWARD W	42 NAME	H. Fred Nebel	
STREET ADDRESS	4745 S ATLANTIC AVE, S203	43 STREET ADDRESS	4745 S. Atlantic Av. #206	
CITY-ST-ZIP	PONCE INLET, FL 00000	44 CITY-ST-ZIP	Ponce Inlet, FL. 32127	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	RHODES, EDWARD W	52 NAME		
STREET ADDRESS	4745 S. ATLANTIC AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 00000	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: John S McKay — John S McKay President — 6/10/95 — 756-7438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001484