SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **10/22/1979**
3a. Date of Last Report: **06/21/1995**

2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPENCER, GERALD B
4745 S ATLANTIC AVE
STE 102
PONCE INLET FL 32127

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: Gerald B. Spencer — 6/17/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCKAY, JOHN S 4745 S ATLANTIC AVE STE 605 PONCE INLET, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HIRSH, ALAN R 4745 S ATLANTIC AVE STE 402 PONCE INLET, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001876746 -06/26/96--01083--053 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REPASKY, ANDREW P 4745 S ATLANTIC AVE STE 301 PONCE INLET, FL 00000	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition SD Nebel, H. FRED 4745 S. Atlantic Av. Ste. # 206 Ponce Inlet, Fl. 32127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEBEL, H FRED 4745 S ATLANTIC AVE STE 206 PONCE INLET, FL 00000	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition TD Robinett James 4745 S. Atlantic Av. Ste.# 506 Ponce Inlet Fl. 32127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RHODES, EDWARD W 4745 S. ATLANTIC AVENUE PONCE INLET, FL 00000	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D Romano Frank 4745 S. Atlantic Av. Ste. # 501 Ponce Inlet, Fl. 32127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (3/96)

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)(k), 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 — SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John S McKay — Date: 4/30/96 — Daytime Phone: 904-756-1438

6/17/96