SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1979
3a. Date of Last Report: 06/26/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

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 A. Spencer Manager (Signature, typed or printed name of registered agent and title if applicable) Gerald A. Spencer (NOTE: Registered Agent signature required when reinstating) DATE 7/21/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCKAY, JOHN S		1.2 NAME	Patricia P. Romano	
STREET ADDRESS	4745 S ATLANTIC AVE STE 605		1.3 STREET ADDRESS	4745 S. Atlantic Av. #706	
CITY-ST-ZIP	PONCE INLET, FL 00000		1.4 CITY-ST-ZIP	Ponce Inlet, Fl. 32127	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☒ Addition
NAME	HIRSH, ALAN R		2.2 NAME	Joseph R. Caddeo	
STREET ADDRESS	4745 S ATLANTIC AVE STE 402		2.3 STREET ADDRESS	4745 S. Atlantic Av. #106	
CITY-ST-ZIP	PONCE INLET, FL 00000		2.4 CITY-ST-ZIP	Ponce Inlet, Fl. 32127	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	NEBEL, FRED H		3.2 NAME	Frank Romano	
STREET ADDRESS	4745 S ATLANTIC AVE STE 206		3.3 STREET ADDRESS	4745 S. Atlantic Av. #501	
CITY-ST-ZIP	PONCE INLET FL 32127		3.4 CITY-ST-ZIP	Ponce Inlet, Fl. 32127	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	ROBINETT, JAMES		4.2 NAME	Fred H. Nebel	
STREET ADDRESS	4745 S ATLANTIC AVE STE 506		4.3 STREET ADDRESS	4745 S. Atlantic Av. #206	
CITY-ST-ZIP	PONCE INLET FL 32127		4.4 CITY-ST-ZIP	Ponce Inlet, Fl. 32127	
TITLE	D	☒ DELETE	5.1 TITLE	D.	☒ Change ☒ Addition
NAME	ROMANO, FRANK		5.2 NAME	Rowland M. Santomauro	
STREET ADDRESS	4745 S. ATLANTIC AVENUE		5.3 STREET ADDRESS	4745 S. Atlantic Av. #304	
CITY-ST-ZIP	PONCE INLET FL 32127		5.4 CITY-ST-ZIP	Ponce Inlet, Fl. 32127	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing 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 REQUIRED 7/21/97