

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749421** (4)
1. Corporation Name
LIGHTHOUSE SHORES MANAGEMENT CORPORATION

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

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

3. Date Incorporated or Qualified 10/22/1979
4. FEI Number 59-2028690
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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
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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* *Gerald B. Spencer* *3/13/98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROMANO, PATRICIA P	1.2 NAME	
STREET ADDRESS	4745 S ATLANTIC AVE #706	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CADDEN, JOSEPH R	2.2 NAME	
STREET ADDRESS	4745 S ATLANTIC AVE #106	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	ROMANO, FRANK	3.2 NAME	<i>Harold J. Juyper</i>
STREET ADDRESS	4745 S ATLANTIC AVE #501	3.3 STREET ADDRESS	<i>4745 S. ATLANTIC AVE #604</i>
CITY-ST-ZIP	PONCE INLET FL	3.4 CITY-ST-ZIP	<i>PONCE INLET, FL 32127</i>
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NEBEL, FRED H	4.2 NAME	
STREET ADDRESS	4745 S ATLANTIC AVE #206	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	4.4 CITY-ST-ZIP	
TITLE	P ☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	SANTOMAUDO, ROWLAND M	5.2 NAME	<i>R. Andrew Reposky</i>
STREET ADDRESS	4745 S ATLANTIC AVE #304	5.3 STREET ADDRESS	<i>4745 S. ATLANTIC AVE #301</i>
CITY-ST-ZIP	PONCE INLET FL	5.4 CITY-ST-ZIP	<i>PONCE INLET, FL 32127</i>
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	

14. I 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 in an attachment with an address.

SIGNATURE: *PATRICIA P. ROMANO* *(President)* *3/16/98* *904-788-6538*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE

CR2E037 (10/97)