2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

DOCUMENT# N21516

Entity Name: L-I-T-W CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4570 STACK BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

4570 STACK BLVD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2793189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JAY STEVEN
2500 N. MILITARY TRAIL
SUITE 490
BOCA RATON, FL 33431

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	RICHARDS, B0B	
Address:	4828 LAKE WATERFORD WAY WEST	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	TD	( ) Delete
Name:	LONG, JOHN	
Address:	4820 LAKE WATERFORD WAY	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	PD	( ) Delete
Name:	SLATTERY, ED	
Address:	4890-1 LAKE WATERFORD WAY W	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	VDP	( ) Delete
Name:	KNAPP, NORMAN	
Address:	4910 LAKE WATERFORD WAY WEST	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	ST	( ) Delete
Name:	KELLY, SISTER CLARA	
Address:	4933 LAKE WATERFORD WAY W	
City-St-Zip:	MELBOURNE, FL 32901	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN KNAPP VDP 02/16/2004
Electronic Signature of Signing Officer or Director — Date