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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31809 (9)
1. Corporation Name
LIGHTHOUSE COVE CONDOMINIUM, INC.



Principal Place of Business P.O. BOX 51-0845 MELBOURNE BEACH FL 32951-0845	Mailing Address P.O. BOX 51-0845 MELBOURNE BEACH FL 32951-0845
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3. Date Incorporated or Qualified 04/19/1989	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 106 Casseekee Trail	2a. Mailing Address 26 106 Casseekee Trail
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Melbourne Beach, FL	City & State 28 Melbourne Beach FL
Zip 24 32951	Country 25 USA
Zip 29 32951	Country 30 USA

4. FEI Number 59-2986759	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CRAGG, ANITA
103 SIGNATURE DRIVE
MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent
**81 Name George Farina
82 Street Address (P.O. Box Number is Not Acceptable) 112 Casseekee Trail
83
84 City Melbourne Beach FL 85 Zip Code 32951**

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 **GEORGE FARINA** *George Farina* DATE **6/12/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	CRAGG, DAVID	
STREET ADDRESS	103 SIGNATURE DRIVE	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARINA, GEORGE	
STREET ADDRESS	112 CASSEEKKE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary/Vice President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anita Cragg	
1.3 STREET ADDRESS	103 Signature Dr.	
1.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
2.1 TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	George Farina	
2.3 STREET ADDRESS	112 Casseekee Trail	
2.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
3.1 TITLE	Treasurer D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lewis Simpson	
3.3 STREET ADDRESS	134 Casseekee Trail	
3.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CP2E037 (9/96)