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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ? DIVISION OF CORPORATIONS

1998

DOCUMENT # N31809

(9)

LIGHTHOUSE COVE CONDOMINIUM, INC.

	1	'ILEL	)
Mar	02	1998	8:00am
Se	cret	tary of	f State

	HOUSE COVE CONL	JOMINIUM, IN	IU.							
Principal Plac	o of Business	M	ailing Address					a smærringt og å eringe troder störet defer anter de	IDII DIBII DIBII DIBII (	
108 CASSEEKEE TRAIL MELBOURNE BEACH FL 32951 US			106 CASSEEKEE TRAIL MELBOURNE BEACH FL 32951 US			L	Date Incorporated or Qualified 04/19/1989			
•		-					4.	FEI Number		pplied For
2. Principal F	Place of Business	2a.	Mailing Address				╁	59-2986759	40 77	lot Applicable Additional
21		26					5.	Certificate of Status Desired	4	Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.			6.	Election Campaign Financing	\$5.00	May Be	
22		27				<u> </u>	Trust Fund Contribution		lo Fees	
City & Stat	te	201	City & State				7.	Is this nonprofit corporation a homeo		on?
Zip			Zip	Zip Country		8. This corporation owes or has paid the current year Intangible				
24	<b></b>		30							
	9. Name and Address	of Current Regis	tered Agent				10.	Name and Address of New Regist	ered Agent	
!					81	Name				
	, GEORGE				82	Street Addre	ss (F	P.O. Box Number is Not Acceptable)	·	
	asseekee trail Urne beach fl 32951				83					
MECLEOC	DRINE BEACH PL 32831									A
į , ,					84	City			FL 85 Zip	Code
	to the provisions of Section registered agent, or both, in am familiar with, and accop	ns 617.0502 and 6 in the State of Flori of the obligations of	17.1508, Florida Statu da. Such change was I, Section 617.0503, Fl	tes, the a authorize lorida Sta	bove d by tutes	e-named corporations.	oratio on's t	on submits this statement for the purp board of directors. I hereby accept the	ose of changing e appointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of	registered agent and title	Il applicable (NO	TE. Register	d Age	nt signature require	d when	n reinstating) D	DATE	<del></del>
12.		ICERS AND DIREC	CTORS	13.				ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	
TITLE	DSVP		☐ DELETE			i			Change	Addition
NAME	I CDACO ANITA			1.1 1	ITLE					
	CRAGG, ANITA			1.21	IAME				•	
STREET ADDRESS	103 SIGNATURE DR.			121 138	IAME Treet	ADORESS			•	
CITY-ST-ZIP	103 SIGNATURE DR. MELBOURNE BEACH		l''I DELETE	121 135 140	IAME TREET	1			•	
CITY-ST-ZIP TITLE	103 SIGNATURE DR. MELBOURNE BEACH DP		DELETE	1.2 f 1.3 S 1.4 C 2.1 T	IAME TREET SITY - S' ITLE	1			☐ Change	Addition
CITY-ST-ZIP TITLE RAME	103 SIGNATURE DR. MELBOURNE BEACH DP FARINA, GEORGE	1 FL	☐ DELETE	1.2 f 1.3 S 1.4 C 2.1 T 2.2 f	IAME TREET SITY - S' ITLE IAME	T-ZIP			•	
CITY-ST-ZIP TITLE	103 SIGNATURE DR. MELBOURNE BEACH DP	1 FL AIL	DELETE	121 133 140 211 221 235	IAME TREET SITY - S' ITLE IAME	T-ZIP  ADDRESS			•	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	103 SIGNATURE DR. MELBOURNE BEACH DP FARINA, GEORGE 112 CASSEEKEE TR. MELBOURNE BEACH TD	1 FL AIL	☐ DELETE	121 133 140 211 221 235	IAME ITREET ITLE IAME ITREET CITY-S	T-ZIP  ADDRESS ST-ZIP		- in Almana (	•	
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14. Thereby 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 coordination 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 charged, or on an attachment with an address.

SIGNATURE:

ung. L. Jarina

1/14/99

(407)-676-7648