

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90049 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N31809 1. Corporation Name LIGHTHOUSE COVE CONDOMINIUM, INC.			
Principal Place of Business 106 CASSEEKEE TRAIL MELBOURNE BEACH FL 32951 US		Mailing Address 106 CASSEEKEE TRAIL MELBOURNE BEACH FL 32951 US	



2. Principal Place of Business 21 SHAWNEES ABOVE Suite, Apt. #, etc.		2a. Mailing Address 2a SHAWNEES ABOVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/19/1989	
22 City & State		27 City & State		4. FEI Number 59-2986759	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent FARINA, GEORGE 112 CASSEEKEE TRAIL MELBOURNE BEACH FL 32951				10. Name and Address of New Registered Agent 81 Name CLYDE M. HAWKINS 82 Street Address (P.O. Box Number is Not Acceptable) 131 CASSEEKEE TRAIL 83 84 City MELBOURNE BCH, FL 85 Zip Code 32951			
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11. Pursuant to the provisions of Sections 617.0502 and 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in 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: *[Signature]* DATE: **3-19-99**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DSVP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PRESIDENT
NAME	CRAGG, ANITA		1.2 NAME		CLYDE M. HAWKINS
STREET ADDRESS	103 SIGNATURE DR.		1.3 STREET ADDRESS		131 CASSEEKEE TRAIL
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-ST-ZIP		MELBOURNE BCH, FL 32951
TITLE	DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	VICE PRESIDENT
NAME	FARINA, GEORGE		2.2 NAME		JOE LANE
STREET ADDRESS	112 CASSEEKEE TRAIL		2.3 STREET ADDRESS		104 CASSEEKEE TRAIL
CITY-ST-ZIP	MELBOURNE BEACH FL		2.4 CITY-ST-ZIP		MELBOURNE BCH, FL 32951
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	SECRETARY
NAME	DESOCIO, NICHOLAS		3.2 NAME		PETER O'NEIL
STREET ADDRESS	154 CASSEEKEE TRAIL		3.3 STREET ADDRESS		175 CASSEEKEE TRAIL
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		3.4 CITY-ST-ZIP		MELBOURNE BCH, FL 32951
TITLE		<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NICK DESOCIO
NAME			4.2 NAME		NICK DESOCIO
STREET ADDRESS			4.3 STREET ADDRESS		154 CASSEEKEE TRAIL
CITY-ST-ZIP			4.4 CITY-ST-ZIP		MELBOURNE BCH, FL 32951
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	ASST. TREASURER
NAME			5.2 NAME		BUD FORD
STREET ADDRESS			5.3 STREET ADDRESS		170 CASSEEKEE TRAIL
CITY-ST-ZIP			5.4 CITY-ST-ZIP		MELBOURNE BCH, FL 32951
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 118.07(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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1-2-99** **407984-4187**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **CLYDE M. HAWKINS, PRESIDENT**

CR2E037 (1/88)