

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90244 019 ****61.25

DOCUMENT # N31809

1. Entity Name

LIGHTHOUSE COVE CONDOMINIUM, INC.

Principal Place of Business

106 CASSEEEKE TRAIL
 MELBOURNE BEACH FL 32951
 US

Mailing Address

106 CASSEEEKE TRAIL
 MELBOURNE BEACH FL 32951-3340
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2986759

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAWKINS, CLYDE M
 131 CASSEEEKE TRAIL
 MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name: **MCDONALD, DENNIS**
 Street Address (P.O. Box Number is Not Acceptable): **105 CASSEEEKE TRAIL**
 City: **MELBOURNE BEACH FL** Zip Code: **32951**

8. 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: *[Signature]* **DENNIS MCDONALD - PRESIDENT**

DATE: **1/11/2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HAWKINS, CLYDE M | |
| STREET ADDRESS | 131 CASSEEEKE TRAIL | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | LANE, JOE | |
| STREET ADDRESS | 164 CASSEEEKE TRAIL | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | DESOCIO, NICHOLAS | |
| STREET ADDRESS | 154 CASSEEEKE TRAIL | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | O'NEIL, PETER | |
| STREET ADDRESS | 135 CASSEEEKE TRAIL | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | |
| TITLE | ATD | <input checked="" type="checkbox"/> Delete |
| NAME | FORD, BUD | |
| STREET ADDRESS | 170 CASSEEEKE TRAIL | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDONALD, DENNIS | |
| STREET ADDRESS | 105 CASSEEEKE TRAIL | |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEST, CAROLYN | |
| STREET ADDRESS | 157 CASSEEEKE TRAIL | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHNITT, DON | |
| STREET ADDRESS | 12A CASSEEEKE TRAIL | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | |
| TITLE | ATD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OSTERHOUT, ROBERT | |
| STREET ADDRESS | 179 CASSEEEKE TRAIL | |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DENNIS MCDONALD - PRESIDENT**

DATE: **1/14/2000**

DAYTIME PHONE #: **321-768-6689**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (9/99)