

DOCUMENT # N31809

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 15 00060631

1. Entity Name

LIGHTHOUSE COVE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

106 CASSEEKEE TRAIL
MELBOURNE BEACH FL 32951
US

106 CASSEEKEE 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

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENNIS McDONALD
105 CASSEEKEE TRAIL
MELBOURNE BEACH FL 32951

Name

DON SCHMITT

Street Address (P.O. Box Number is Not Acceptable)

124 CASSEEKEE 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]

05-21-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEES \$6125

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD DENNIS McDONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	105 CASSEEKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME	VPD CAROLYN WUEST	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	157 CASSEEKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME	TD DESOCIO, NICHOLAS	<input type="checkbox"/> Delete
STREET ADDRESS	154 CASSEEKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME	SD DON SCHMITT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	124 CASSEEKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME	ATD ROBERT OSTERHOUDT	<input type="checkbox"/> Delete
STREET ADDRESS	177 CASSEEKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD DON SCHMITT	<input checked="" type="checkbox"/> Change
STREET ADDRESS	124 CASSEEKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE NAME	VPD MANNY MARIN	<input type="checkbox"/> Change
STREET ADDRESS	181 CASSEEKEE TR.	
CITY-ST-ZIP	MELBOURNE BEACH, FL. 32951	
TITLE NAME	400003313164--6	<input type="checkbox"/> Change
STREET ADDRESS	-07/05/00--01075--005	
CITY-ST-ZIP	*****61.75 *****61.75	
TITLE NAME	SD ROSEMARIE MAC CLAUHLAN	<input checked="" type="checkbox"/> Change
STREET ADDRESS	139 CASSEEKEE TR	
CITY-ST-ZIP	MELBOURNE BEACH, FL. 32951	
TITLE NAME	A	<input type="checkbox"/> Change
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 as 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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

05-21-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #