

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90073 020 ****61.25

DOCUMENT # N31809

1. Entity Name
LIGHTHOUSE COVE CONDOMINIUM, INC.

Principal Place of Business Mailing Address

**106 CASSECKEE TRAIL
 MELBOURNE BEACH FL 32951
 US** **106 CASSECKEE TRAIL
 MELBOURNE BEACH FL 32951
 US**



DO NOT WRITE IN THIS SPACE

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 Applied For

59-2986759 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHMITT, DON
 124 CASSECKEE TRAIL
 MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: *Don Schmitt* DATE: **3-6-01**

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 NAME	PD SCHMITT, DON	<input type="checkbox"/> Delete
STREET ADDRESS	124 CASSECKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME	DV MARIN, MANNY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	181 CASSECKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME	D DESOCIO, NICHOLAS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	154 CASSECKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME	SD MAC CALUCLAN, ROSEMARIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	139 CASSECKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME	D OSTERHOUDT, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	179 CASSECKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD HAWKINS, CLYDE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	131 CASSECKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE NAME	TD FARINA, GEORGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	112 CASSECKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE NAME	SD LANE, JOSEPH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	164 CASSECKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE NAME	D STAAB, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	114 CASSECKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Don Schmitt* SIGNATURE REQUIRED DATE: **3-6-01** DAYTIME PHONE: **(321)-956-3467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)