

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91704 007 \*\*\*\*61.25

**DOCUMENT # N31809**

1. Entity Name  
**LIGHTHOUSE COVE CONDOMINIUM, INC.**

Principal Place of Business      Mailing Address  
**106 CASSECKEE TRAIL**      **106 CASSECKEE TRAIL**  
**MELBOURNE BEACH FL 32951**      **MELBOURNE BEACH FL 32951**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2180 W SR 434**

3. Mailing Address  
**2180 W SR 434**

Suite, Apt. #, etc.  
**STE 5000**

City & State  
**LONGWOOD FL**

Zip      Country      Zip      Country  
**32779**           **32779**           **32779**

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

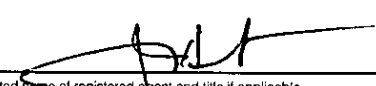
Name  
**JAMES W HART JR**

Street Address (P.O. Box Number is Not Acceptable)  
**SENTRY MANAGEMENT INC**

**2180 W SR 434 STE 5000**

City      State      Zip Code  
**LONGWOOD**      **FL**      **32779**

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  DATE **3/27/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SCHMITT, DON</b> <b>124 CASSECKEE TRL</b> <b>MELBOURNE BEACH FL 32951</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HAWKINS, CLYDE</b> <b>131 CASSECKEE TRAIL</b> <b>MELBOURNE BEACH FL 32951</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FARINA, GEORGE</b> <b>112 CASSECKEE TRAIL</b> <b>MELBOURNE BEACH FL 32951</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LANE, JOSEPH</b> <b>164 CASSECKEE TRAIL</b> <b>MELBOURNE BEACH FL 32951</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>STAAB, JOHN</b> <b>114 CASSECKEE TRAIL</b> <b>MELBOURNE BEACH FL 32951</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANDERS, CARROLL R</b> <b>190 CASSECKEE TR</b> <b>MELBOURNE BEACH FL 32951</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SD</b> <b>HESFORD, DAN</b> <b>173 CASSECKEE TR</b> <b>MELBOURNE BEACH FL 32951</b></del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>TD</b> <b>DESOCIO, NICK</b> <b>154 CASSECKEE TR</b> <b>MELBOURNE BEACH FL 32951</b></del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VD</b></del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **676-7648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)