


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90275 044 \*\*\*\*70.00

**DOCUMENT # N31809**

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



Principal Place of Business  
 1617 COOLING AVE  
 MELBOURNE, FL 32935 US

Mailing Address  
 1617 COOLING AVE  
 MELBOURNE, FL 32935 US

2. Principal Place of Business  
**106 CASSEEKEE TRL**

3. Mailing Address  
**106 CASSEEKEE TRL**

Suite, Apt. #, etc.

City & State  
**MELBOURNE BEACH FL**

City & State  
**MELBOURNE BEACH FL**


Zip  
**32951**

Country  
**US**

Zip  
**32951**

Country  
**US**

**50022857**



02262005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**SPACE COAST PROP. MGMT. OF BREVARD, INC.**  
 1617 COOLING AVE  
 MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name  
**JOHN SCHAUFERT**

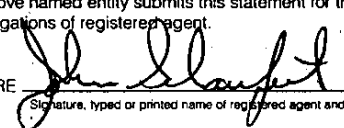
Street Address (P.O. Box Number is Not Acceptable)

**106 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JOHN SCHAUFERT** DATE **2/26/05**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIBSON, TERESSA 155 CASSEEKEE TR MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE SOCIO, NICK 154 CASSEEKEE TR MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FARINA, GEORGE 112 CASSEEKEE TRAIL MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TURNER, FRAN 107 CASSEEKEE TR MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACLAUCHLAN, MARIE 139 CASSEEKEE TRAIL MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHAUFERT JOHN 103 CASSEEKEE TRAIL MELBOURNE BEACH, FL, 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REYES, PATRICK 9969 SW 223 TR MIAMI, FL, 33190 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KANG, KEN 134 CASSEEKEE TRAIL MELBOURNE BEACH, FL, 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STUBBS, NICOLA CASSEEKEE TRAIL MELBOURNE BEACH, FL, 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D USHER, LYNN 188 CASSEEKEE TRAIL MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input checked="" 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:  **JOHN SCHAUFERT** DATE **2/26/05** DAYTIME PHONE **(321) 409 0749**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR