


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90373 002 ****70.00

DOCUMENT # N31809					
1. Entity Name LIGHTHOUSE COVE CONDOMINIUM, INC.					
Principal Place of Business 106 CASSEKKEE TRL MELBOURNE BEACH, FL 32951 US		Mailing Address 106 CASSEKKEE TRL MELBOURNE BEACH, FL 32951 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 <input checked="" type="checkbox"/>				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, P.A. ATTN: C. JOHN CHRISTENSEN, ESQ. 2500 MAITLAND CENTER PKWY., STE. 209 MAITLAND, FL 32751			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAUFERT, JOHN		NAME		
STREET ADDRESS	103 CASSEKKEE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DESOCIO, NICHOLAS		NAME	D LANGIOTTI PATRICIA L	
STREET ADDRESS	8969 SW 223 TR		STREET ADDRESS	165 CASSEKKEE TR	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	MELBOURNE BEACH FL. 32951	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change
NAME	KING, KEN		NAME	DESOCIO NICHOLAS	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	134 CASEEKEE TRAIL		STREET ADDRESS	154 CASSEKKEE TR.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change
NAME	STUBBS, NICOLA		NAME	SCHMITT, DON	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	CASEEKEE TRAIL		STREET ADDRESS	124 CASSEKKEE...TR	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	MELBOURNE BEACH, FL. 32951	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	USHER, LYNN		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	188 CASSEKKEE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>NICHOLAS DE SOCIO</u> <i>Nicholas De Socio</i> 5/30/06 (321) 722-4637					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					