


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90217 047 ****61.25

DOCUMENT # N31809

1. Entity Name
 LIGHTHOUSE COVE CONDOMINIUM, INC.



Principal Place of Business
 106 CASSEEEKEE TRL
 MELBOURNE BEACH, FL 32951 US

Mailing Address
 106 CASSEEEKEE TRL
 MELBOURNE BEACH, FL 32951 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2986759 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
 ATTN: C. JOHN CHRISTENSEN, ESQ.
 2500 MAITLAND CENTER PKWY., STE. 209
 MAITLAND, FL 32751

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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	DP	<input checked="" type="checkbox"/> Delete
NAME	SCHAUFERT, JOHN	
STREET ADDRESS	103 CASSEEEKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGIOTTI, PATRICIA L	
STREET ADDRESS	165 CASSEEEKEE TR	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DESACIO, NICHOLARE	
STREET ADDRESS	154 CASSEEEKEE TR	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SCHMITT, DON	
STREET ADDRESS	124 CASSEEEKEE TR	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	USHER, LYNN	
STREET ADDRESS	188 CASSEEEKEE TRAIL	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pieressa Gibson	
STREET ADDRESS	153 Casseekee Tr	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Boyer	
STREET ADDRESS	120 Casseekee Tr	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESACIO, NICHOLAS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marty Brown	
STREET ADDRESS	184 Casseekee Tr	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosmarie MacLaughlin	
STREET ADDRESS	139 Casseekee Tr	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: James H. Baker President Date: 1/9/07 Daytime Phone #: 321/676 4245