


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90035 031 ****70.00

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

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 _____ DATE _____
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, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	GIBSON, TERESSA 155 CASSEKEE TR MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	TITLE P PATRICK REYES 128 CASSEKEE TR MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	BOYER, JEAN 120 CASSEKEE TT MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	TITLE VP JEFFREY MOFFETT 105 CASSEKEE TR MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT	DESOCIO, NICHOLAS 154 CASSEKEE TR MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	TITLE T CHRIS SCHAUFERT 103 CASSEKEE TR MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	BROWN, MARTY 184 CASSEKEE TT MELBOURNE BEACH, FL 32957	<input checked="" type="checkbox"/> Delete	TITLE D PAULA ROMAN 158 CASSEKEE TR MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	MOALAUGLIN, ROSEMARIE 139 CASSEKEE TT MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	TITLE S NICOLA M STUBBS 188 CASSEKEE TR MELBOURNE BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



1/27/2008 305-984-6579
 Date Daytime Phone #