

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 05 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000005364 (4)**

1. Corporation Name

**LIGHTHOUSE POINT VILLAS HOMEOWNER'S ASSOCIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>5408 POINT VILLA DRIVE<br/>LIGHTHOUSE POINT FL 33064-7061</b> | Mailing Address<br><b>5408 POINT VILLA DRIVE<br/>LIGHTHOUSE POINT FL 33064-7061</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country                                 |  | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |  | 3. Date Incorporated or Qualified<br><b>10/27/1994</b>   |  | 3a. Date of Last Report<br><b>02/19/1996</b>  |  |
| 4. FEI Number<br><b>65-0623326</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |  |   |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>MINOTTI, GABRIEL A<br/>5408 POINT VILLA DRIVE<br/>LIGHTHOUSE POINT FL 33064-7061</b> |  |  |  | 10. Name and Address of New Registered Agent<br><b>81</b> Name <b>DAVID L. MINOTTI</b><br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>5420 POINT VILLA DR</b><br><b>83</b><br><b>84</b> City <b>LIGHTHOUSE POINT FL</b> <b>85</b> Zip Code <b>33064</b> |  |  |  |
|--|--|--|--|--|--|--|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DAVID L. MINOTTI TD**  **7/30/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

|                            |                                |                                 |  |   |                              |  |  |
|----------------------------|--------------------------------|---------------------------------|--|---|------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS |                                |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |  |  |
| TITLE                      | PD                             | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | PD                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | MINOTTI, GABRIEL A             |                                 |  | 1.2 NAME  | STEPHEN MINOTTI              |  |  |
| STREET ADDRESS             | 5408 POINT VILLA DRIVE         |                                 |  | 1.3 STREET ADDRESS                                    | 3970 SEAGRAPE CIR.           |  |  |
| CITY-ST-ZIP                | LIGHTHOUSE POINT FL 33064-7061 |                                 |  | 1.4 CITY-ST-ZIP                                       | DELRAY BEACH, FL 33445       |  |  |
| TITLE                      | SD                             | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | SD                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | MINOTTI, ANTHONY J             |                                 |  | 2.2 NAME  | FRANKLYN ASHBY               |  |  |
| STREET ADDRESS             | 5408 POINT VILLA DRIVE         |                                 |  | 2.3 STREET ADDRESS                                    | 5402 POINT VILLA DR          |  |  |
| CITY-ST-ZIP                | LIGHTHOUSE POINT FL 33064-7061 |                                 |  | 2.4 CITY-ST-ZIP                                       | LIGHTHOUSE PT. FL 33064-7061 |  |  |
| TITLE                      | D                              | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | TD                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | AURELIUS, JOHN E               |                                 |  | 3.2 NAME  | DAVID L. MINOTTI             |  |  |
| STREET ADDRESS             | 4387 N. FEDERAL HIGHWAY        |                                 |  | 3.3 STREET ADDRESS                                    | 5420 POINT VILLA DR          |  |  |
| CITY-ST-ZIP                | FORT LAUDERDALE FL 33308       |                                 |  | 3.4 CITY-ST-ZIP                                       | LIGHTHOUSE PT. FL 33064-7061 |  |  |
| TITLE                      |                                | <input type="checkbox"/> DELETE |  | 4.1 TITLE   |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                |                                 |  | 4.2 NAME  |                              |  |  |
| STREET ADDRESS             |                                |                                 |  | 4.3 STREET ADDRESS                                    |                              |  |  |
| CITY-ST-ZIP                |                                |                                 |  | 4.4 CITY-ST-ZIP                                       |                              |  |  |
| TITLE                      |                                | <input type="checkbox"/> DELETE |  | 5.1 TITLE   |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                |                                 |  | 5.2 NAME  |                              |  |  |
| STREET ADDRESS             |                                |                                 |  | 5.3 STREET ADDRESS                                    |                              |  |  |
| CITY-ST-ZIP                |                                |                                 |  | 5.4 CITY-ST-ZIP                                       |                              |  |  |
| TITLE                      |                                | <input type="checkbox"/> DELETE |  | 6.1 TITLE   |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                |                                 |  | 6.2 NAME  |                              |  |  |
| STREET ADDRESS             |                                |                                 |  | 6.3 STREET ADDRESS                                    |                              |  |  |
| CITY-ST-ZIP                |                                |                                 |  | 6.4 CITY-ST-ZIP                                       |                              |  |  |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

DAVID L. MINOTTI  
SIGNATURE REQUIRED

CR2E037 (4/97)