

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 764560 (9)**  
1. Corporation Name  
**LIGHTHOUSE COVE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1406 N. OCEAN BLVD.**  
**POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified **08/12/1982** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2491924** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

## 9. Name and Address of Current Registered Agent

**GATSOS, ELAINE M**  
**1499 W PALMETTO PK RD**  
**SUITE 412**  
**POMPANO BEACH FL 33062**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | STD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       | COBB, THOMAS                                   | 1.2 NAME  | DAN MCKALLAGAT  |
| STREET ADDRESS             | 1406 N OCEAN BLVD                              | 1.3 STREET ADDRESS                                    | 1406 N. OCEAN BLVD  |
| CITY-ST-ZIP                | POMPANO BEACH FL                               | 1.4 CITY-ST-ZIP                                       | POMPANO BCH, FL 33062   |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE  | 2.1 TITLE   | STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       | ANDERSON, CHESTER                              | 2.2 NAME  | STEVE RINCHUISA   |
| STREET ADDRESS             | 1406 N OCEAN BLVD                              | 2.3 STREET ADDRESS                                    | 1406 N. OCEAN BLVD  |
| CITY-ST-ZIP                | POMPANO BEACH FL                               | 2.4 CITY-ST-ZIP                                       | POMPANO BCH, FL   |
| TITLE                      | DD <input type="checkbox"/> DELETE             | 3.1 TITLE   | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KAPLAN, RUBIA                                  | 3.2 NAME  |   |
| STREET ADDRESS             | 1406 N OCEAN BLVD                              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | POMPANO BEACH FL                               | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE   | 4.1 TITLE   | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       | COLTON, BARBARA                                | 4.2 NAME  | Robert Conrad   |
| STREET ADDRESS             | 1406 N OCEAN BLVD                              | 4.3 STREET ADDRESS                                    | 1406 N. Ocean Blvd  |
| CITY-ST-ZIP                | POMPANO BEACH FL                               | 4.4 CITY-ST-ZIP                                       | Pompno Beach FL 33062   |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Stephen Rinchuisa* **STEPHEN RINCHUISA** **5-1-96** **954-941-3410**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)