

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764559** (1)
1. Corporation Name
LIGHTHOUSE COVE CONDOMINIUM ASSOCIATION I, INC.

Principal Place of Business 1406 N. OCEAN BLVD. POMPANO BEACH FL 33062	Mailing Address 1406 N. OCEAN BLVD. POMPANO BEACH FL 33062
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/12/1982	
4. FEI Number 59-2491896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GATSOS, ELAINE M
1499 W PALMETTO PK RD
SUITE 412
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent
81 Name **ROBERT A. SIAMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
41646 W. Eric Bronson Mem Hwy
83
84 City **Kissimmee** FL 85 Zip Code **34746**

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]* DATE **4/23/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	OSSANNA, JOHN
STREET ADDRESS	1406 N OCEAN BLVD.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	ROWE, HENRY
STREET ADDRESS	1406 N. OCEAN BLVD.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	COBB, THOMAS
STREET ADDRESS	1406 N. OCEAN BLVD.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CARUSO, ELLSWORTH
STREET ADDRESS	1406 N OCEAN BLVD
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRENNAN, JAMES
STREET ADDRESS	1406 N OCEAN BLVD
CITY - ST - ZIP	POMPANO BEACH FL 33062
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD HENRY ROWE
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D BURNS, LINDA
4.3 STREET ADDRESS	1406 N. OCEAN BLVD
4.4 CITY - ST - ZIP	POMPANO BEACH, FL 33062
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STD
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE: *[Signature]*, Managing Agent

4/23/98

CR2E037 (10/97)